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Moore Funeral Home Records
Cromwell,
Noble County, Indiana

1948-1951

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Moore Funeral Home Records
Cromwell
Noble County, Indiana

1948-1951

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NOVEMBER 9, 1948
to
AUGUST 26, 1951

...THE...

AMERICAN FUNERAL RECORD

A READY REFERENCE DAY BOOK FOR UNDERTAKERS

A few words of Explanation to the man who enters up the order for Funeral Arrangements:

This Record Book will be of great assistance to your profession in recording funerals and arrangements for same, correctly, intelligently and completely. You will find it prudent to enter all items that are given therein, as in doing this you will not only enhance the prestige of the profession, but also create admiration and confidence of your patrons in your work. Record items of a deceased are looked for at the Undertakers' quite frequently, and the more exact the record is kept with data that have bearing on the funeral, the better will be the results.

In entering up your work, observe the following:

Do not hesitate to get and fill in all possible information to make the biographical record of the deceased complete. Such items as date of birth, occupation of the deceased, single or married, religion and age, are matters of biographical record and should be entered up most exactly and correctly in every case.

The two clauses, "Order given by," and "How secured," are important. They will assist you very materially in overcoming the embarrassment incident to asking security for an account. It is also of importance to have party who orders the funeral sign in the space provided for at bottom of sheet.

The clause "Cause of Death" is very essential for several reasons: 1, to know whether the subject died of a contagious disease; 2, to adopt correct measures for embalming; 3, to ascertain necessity of disinfection, etc.

The pleasing and correct rotation, observed in the bill of items to be charged, is an essential and most practical feature of the chart, and this part of the record alone is worth the price of the book. Fill out such items as you were called upon to furnish, and leave the others blank. Read all items carefully when you render bill, in order to be sure that you have not omitted any charge. The extra lines on bill of items are for such charges as the printed items may not provide.

The Ledger part on bottom of each page will enable you to keep account of your entire funeral work in this book, though you may prefer to transfer the total of the bill as one item into your regular Ledger.

This Funeral Record has been compiled after close study into the proper requirements of your profession. It is the result of years of experience, and, if you will carefully enter up the spaces provided in this book, you will find that every item that might possibly be needed for future reference, is recorded.

THE PUBLISHER.

Books are made up as follows:

No. 4150—150 pages
No. 4200—200 "
No. 4300—300 "
No. 4450—450 "
No. 4500—500 "
No. 4600—600 "

No. 4800—Loose-Leaf Cover
No. 4801— " " Index
No. 4802— " " Record Sheets
No. 4805—Pads of Memorandum Sheets

☞ *See Rules on "Funeral Ethics" on Next Page*

Published and for Sale by
F. J. FEINEMAN CO.
2400 East First St.
LONG BEACH, CALIFORNIA

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F. J. FEINEMAN
St. Louis. Mo.

FUNERAL ETHICS

Details of funeral work may vary slightly in different communities, but the following rules of FUNERAL ETIQUETTE apply generally. While the Funeral Directors are conversant with matters pertaining to well conducted funerals, the suggestions set forth herein cannot fail to prove of interest and value and perhaps reveal points worthy of close observance.

In all things use good judgment and cool deliberation in performing your work, and remember that you are not called upon to console the bereaved, but to take care of the remains, and do that in the most competent and least ostentatious way.

Be courteous and polite under any and all circumstances, however trying. Refrain from alluding to your work as a "job"; it is not only bad form, but is also apt to offend your patrons. Term it a "call", a "funeral", or "an order".

Perform your work in a quiet and considerate manner and make as few requests of the family as possible. Talk in an undertone while at the funeral house.

When selling the Casket and Furnishings, ascertain what means there are, and how much money is calculated to be expended for the funeral, then recommend the highest class of goods within the amount.

Should you be confronted with the argument that lower prices than yours are quoted or promised by associations or parties who solicit funerals on a life subscription plan, you may well ask the customer if he or she had investigated the promoters financial responsibility. If it becomes absolutely necessary, meet the price, rather than lose the business. But you yourself had better investigate the contracts of those promoters to discover the weaknesses and flaws in them, then point them out honestly to your patrons. (See resolutions adopted in October, 1937, by the "Disabled Veterans of the World War, St. Louis Chapter No. 1.")

If offered in security an insurance policy of a Company you are not familiar with, you can make inquiry at the "Better Business Bureau" or at the insurance commissioner's office of your state.

Take correct note of all arrangements for the funeral. Be sure that you have a clear understanding with your customer on all points pertaining to the funeral arrangement, and then note same into your Funeral Record Book. Also be careful that you have the correct spelling of name of the deceased for the newspapers, etc. A memorandum sheet of the "AMERICAN" Funeral Record will assist you greatly in these functions.

Further take note carefully of the biographical items, such as religion, occupation, age, etc., and insert them in the spaces provided for in this Record Book. Items of record of a deceased are often inquired for at the Undertaker's, and by keeping complete record, your patrons will see for themselves that you are doing your work on up-to-date principles, and that a funeral is handled by you better than a mere "putting the body under ground". Death Certificate, memorandum sheet on which the order was taken, newspaper clippings, and notations should be placed in an envelope and filed for possible future reference.

At the Funeral the Funeral Director should dress in a dark, preferably black suit, and should wear a black necktie; but in summer he may wear an all white suit if he prefers.

Use Badge consisting of delicate flowers or smilax with lavender or gray ribbon on the door, instead of the antiquated crepe.

Avoid all delay, hitch, or any misunderstanding among your helpers. Instruct bearers, drivers and others beforehand.

In some cases use Matting, and possibly a Tent, at the cemetery to keep off rain or intense sunlight. The bereaved will often appreciate such suggestion. Lining with evergreen helps very materially to make a grave seem less distressing during interment.

Paint or stain the Outside Box or Shipping Case.

At the funeral services the sermon precedes the speeches of lodge members, whose speeches are usually made at the grave. If societies attend in a body the principal services are held at the grave; Roman Catholic always at the church. Where both the WHITE SHRINE and the EASTERN STAR are represented, the WHITE SHRINE functions first, because the Commitment in the EASTERN STAR ceremony really concludes the service.

Order of funeral cortege is best arranged as follows: Minister's Automobile, Automobile with Pallbearers, Hearse, Chief mourners Automobile and automobiles of friends. If Lodge members conduct the rites, the Lodge members lead the procession.

At military funerals place Flag on Casket with the field (stars) over left side of casket (indicating position over the heart). Poppies may be placed on the Flag but no other flowers. In procession in which flags are carried, the **NATIONAL FLAG** must always be carried to the right of all other flags, and in change of formation it must never be crossed with other flags.

Where the deceased is buried without any religious service, or where the mourners are unable to engage the services of a clergyman, the Undertaker may officiate and offer the prayer. Stillborns are buried by the undertaker alone; it is unusual that any of the family attend the interment.

If remains are to be shipped, depart from the house, the funeral parlor or the church in time to reach the depot at least one hour before train time.

Where bodies are neither embalmed nor put on ice, keep in coolest place possible. Perhaps best is between two open windows, with the shades drawn down as far as needed; use a bleacher frequently over face and hands of the deceased. Where death resulted from a contagious disease, follow State regulations.

While the chief mourners are turning from the grave and the friends are still there, it is fitting that the Funeral Director, in behalf of the family, say a few words to their friends, expressing appreciation for their floral offerings and for their sympathy.

Let the entire funeral be conducted in a dignified and well-ordered manner, and you will have conferred a lasting favor upon those who required the need of your service. This is the best method of advertising which an Undertaker can employ, and is the stepping stone for sure success.

THE PUBLISHER.

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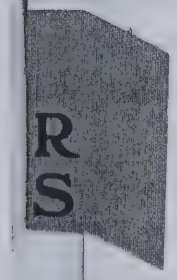
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RECORD OF FUNERAL

Total No. 1 Yearly No. 1 Date of Entry November 9 1948

Name of Deceased Amelia S. Clingerman (What Race) White

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: Cromwell, Indiana

☐ Husband ☑ Wife ☐ Widow or ..... of { Charles T. (Dora) Clingerman Age of Husband or Wife (if living) ..... Years

Charge to: Charles T. (Dora) Clingerman

Address: Cromwell, Ind.

Order given by: Charles T. (Dora) Clingerman (or informant)

How Secured: Telephone

If Veteran, State War

Occupation: Housewife (Social Security Number)

Employer and Address

Date of Death: 11-9-48 (Date) 6.20 A.M. (Hour)

Date of Birth: July 8, 1876

Age: 72 (Years) 8 (Months) 1 (Days)

Date of Funeral: 11-11-48 (Date) Thursday (Day of Week) 1 P.M. (Hour)

Services at: Residence

Clergyman: Rev. A. E. Helm Kimmell, Ind. (Address)

Religion of the Deceased: M. E.

Birthplace: Indiana

Resided in the State: Entire life (or U. S. or City or County) (Years) (Months)

Place of Death: Goshen Hospital

Cause of Death: Lobar Pneumonia

Contributory Causes: Coronary condition

Certifying Physician: Dr. Robert Craig (or Coroner)

His Address: Syracuse, Indiana

Name of Father: Wilkinson

His Birthplace: Unknown

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size of Casket: 6/6 23" 2 couch 159 Metal (State Color and Number)

Manufactured by: M. E. Burnsy

Cemetery / Crematory } Spartan

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket		675 00
Burial Vault or Box Cromwell Cement Prod (State Kind)		75 00
Embalming Body ← (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $ ←		
Dressing Body, $ ← Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ← Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ← Gloves, $		
Funeral Car, $ ← Ambulance, $		
Limousines to Cemetery ← @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from Goshen		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit ← (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ← Singers, $ ← Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ←		
.... line Death Notices in 3 Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	750 00
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$	in full	To Balance Forward		$
	By Payment	$	$ Paid		By Payment	$	$
	" "	$	$ P. H. M.		" "	$	$
	" "	$	$ 11-18-48		" "	$	$
	" "	$	$ 11-		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 7 Yearly No. 7 Date of Entry November 9 1948

Name of Deceased Bertha Hart Bucktel White

☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence Kosciusko County ☐Husband ☐Wife ☑Widow of Jasper Bucktel

Charge to: Mary Hart Age of Husband or Wife (if living) Years

Address Syracuse, Ind R. R.

Order given by Mrs. Charles Ebert (or informant)

How Secured Telephone

If Veteran, State War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death November 9, 1948 (Date) 9:30 AM (Hour)

Date of Birth October 30, 1875

Age 73 (Years) 0 (Months) 10 (Days)

Date of Funeral 11-12-48 (Date) Friday (Day of Week) 1 P.M. (Hour)

Services at L. H. Moore Funeral Home

Clergyman: Rev. A. E. Helm Kimmell, Ind. (Address)

Religion of the Deceased M. E.

Birthplace Indiana

Resided in the State Entire life (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Acute coronary occlusion

Contributory Causes Chronic myocarditis

Certifying Physician Dr. Fred O. Clark (or Coroner)

His Address Syracuse, Indiana

Name of Father John D. Hart

His Birthplace unknown

Maiden Name of Mother Martha Moore

Her Birthplace Unknown

Motor / Ship } Remains to 4/6 23" Copperton 18g metal

Size of Casket Plastic and Elec. Copper Bronze Panelled interior, Colonial (State Color and Number)

Manufactured by: Mc Henry Co.

Cemetery / Crematory } Oak Park, Ligonier, Ind.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket	600	00
Burial Vault ~~or Box~~ Cromwell Cement Vault (State Kind)	75	00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $ ✓		
Dressing Body, $ ✓ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ✓ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ✓ ... Ambulance, $		
Limousines to Cemetery ✓ @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from ✓		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit ✓ (State Number and District)		
___Certif. Copies of Death Certificates No.		
Pall Bearer Service, $ ... Use of Chapel, $ ✓ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb ✓	25	00
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ✓ ... Singers, $ ... Organist, $		
Railroad or Motor Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
... line Death Notices in 3 ... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$ 700	00
Less	$	
Balance	$	

Entered into Ledger, page ... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$	Paid in full	" "	$	$
	" "	$	$	1-11-49	" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

$ 25.00 Feb - 1 1949 No.

RECEIVED OF L. V. Moore Funeral Home

Twenty-five & 00/100 DOLLARS

Opening grave for Bill Swager

BY Russell Smith

LIGONIER CEMETERY ASSOCIATION

RECORD OF FUNERAL

Total No. 3 Yearly No. 1 Date of Entry February 3 1949

Name of Deceased Capt. Homer L. Swager (What Race) W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence U. S. Army ☒Husband ☐Wife ☐Widow of Helen (Swager) Baker

Charge to: Govt. Age of Husband or Wife (if living) ..... Years

Address

Order given by (or informant)

How Secured

If Veteran, State War World War II

Occupation Capt. Tank Corps (Social Security Number)

Employer and Address

Date of Death April 21, 1945 (Date) (Hour)

Date of Birth January 5, 1914

Age 31 (Years) 3 (Months) 16 (Days)

Date of Funeral 2-3-49 (Date) Thursday (Day of Week) 2 P.M. (Hour)

Services at S. H. Moore Funeral

Clergyman Rev. David C. Truesdale (Address)

Religion of the Deceased Methodist

Birthplace Ind. Illinois

Resided in the State Indiana (or U. S, or City or County) (Years) (Months)

Place of Death Aldersburg, Germany

Cause of Death Killed in action

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Milton Swager

His Birthplace Unknown

Maiden Name of Mother Jennie

Her Birthplace Unk.

Motor / Ship } Remains to

Size of Casket Govt. casket (State Color and Number)

Manufactured by

Cemetery / Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket		
Burial Vault or Box (State Kind)		75 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ✓ ..... Ambulance, $ ✓		
Limousines to Cemetery ✓ @ $		
Extra Limousines ✓ @ $		
Autos to R. R. Station ✓ @ $		
Getting Remains from Separate		
Taking Remains to ✓		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges ✓		
Procuring Burial Permit ✓ (State Number and District)		
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		25 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		50 00
....line Death Notices in 1 Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	150 00
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment 3-9-49	$ 75 00	$ 75 00
	" "	$	$		" 3-16-49 County Clerk	$ 75 00	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" " Paid in full	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 4 Yearly No. 2 Date of Entry February 27 1949

Name of Deceased Mary Alice Eagles (What Race: W)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence Noble County, Ind. ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to: Estate

Address

Order given by Winnie Parson (or informant)

How Secured: Cash at Funeral Home

If Veteran, State War

Occupation Retired School teacher (Social Security Number)

Employer and Address

Date of Death Feb. 26 1949 (Date) 5:30 PM (Hour)

Date of Birth January 6, 1864

Age 84 (Years) 8 (Months) 25 (Days)

Date of Funeral 3-1-49 (Date) Tuesday (Day of Week) 2 P.M. (Hour)

Services at L. H. Moore Funeral Home

Clergyman: Rev. A. E. Helm, Kimmell, Ind. (Address)

Religion of the Deceased M. E.

Birthplace Indian Village, Ind.

Resided in the State Entire life (or U. S. or City or County) (Years) (Months)

Place of Death Winnie Parson

Cause of Death: Senility

Contributory Causes: Arteriosclerosis

Certifying Physician Dr. George Mettler (or Coroner)

His Address: Ligonier, Ind.

Name of Father Leander Eagles

His Birthplace Unknown

Maiden Name of Mother Rebecca Wilson

Her Birthplace Unknown

Motor Ship } Remains to

Size of Casket 6-6 Tone Copper Bloom (State Color and Number)

Manufactured by: M. L. Burney Co.

Cemetery Crematory } Indian Village

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket		575 00
Burial Vault or Box (State Kind)		75 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ✓ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ✓ Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ✓ Gloves, $		
Funeral Car, $ ✓ Ambulance, $		
Limousines to Cemetery ✓ @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ✓ Use of Chapel, $ ✓		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb ✓		15 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ✓ Singers, $ ..... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
....line Death Notices in 3 Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	650 00
Less	$	665 00
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
May 11 49	By Payment Check	$ 250 00	$ 400 00
Aug 25 49	" " Check	$ 100	$ 315 00
March 9 50	" " Check	$ 200	$ 115 00
March 14 50	" " Check	$ 115	$ 115 00
	" "	$	$
	" "	$	$
	" "	$	$

Paid in Full

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Received $5.00 dollars
of Floyd Moore for
the opening of grave
for Alice Eagles

Elden Stoner

RECORD OF FUNERAL

Total No. 5 Yearly No. 3 Date of Entry February 28 1949

Name of Deceased Rosa Alvina Mc Coy (What Race) white

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: Chicago, Ill. ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: C. Kampp & Son

Address 318-320 N. Central Ave

Order given by Beatrice Williamson (or informant)

How Secured Cash

If Veteran, State War

Occupation Ordained Minister

Employer and Address (Social Security Number)

Date of Death February 28, 1949 (Date) 12:05 AM (Hour)

Date of Birth Jan. 10, 1891

Age 58 (Years) (Months) (Days)

Date of Funeral Mon. 2 (Date) Wed (Day of Week) M. (Hour)

Services at C. Kampp & Son

Clergyman (Address)

Religion of the Deceased

Birthplace Illinois

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Kimmel, Ind.

Cause of Death Cerebral Hemorrhage

Contributory Causes Hypertension

Coronary Thrombosis

Certifying Physician Dr. J. R. Nash (or Coroner)

His Address Albion, Ind.

Name of Father Frederick Wm. Hagen

His Birthplace Markesan

Maiden Name of Mother Augusta Pauls

Her Birthplace Yorktown

Motor / Ship } Remains to Chicago

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Forest Home Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		50 00
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from Kimmel		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.... line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	
Less	$	
Balance	$	50 00

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" Paid in full	$	$
	" "	$	$		" 2-28-49	$	$
	" "	$	$		" "	$	$
	" "	$	$		" L.H.M.	$	$
	" "	$	$		"	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

6

RECORD OF FUNERAL

Total No. 6 Yearly No. 4 Date of Entry March 2 19 49.

Name of Deceased James Stanley King (What Race) White

☑ Married ☑ Single ☐ Widowed ☐ Divorced

Residence Sparta Twp. Noble County

☑ Husband ☐ Wife ☐ Widow } of Jessamine King Age of Husband or Wife (if living) ..... Years

Charge to: Estate

Address

Order given by Jessie King (or informant)

How Secured Telephone call (Rev. Shaum)

If Veteran, State War World War I

Occupation Retired farmer

Employer and Address (Social Security Number)

Date of Death March 6 1949 12:40 P.M. (Date) (Hour)

Date of Birth January 3, 1887

Age 62 (Years) 1 (Months) 28 (Days)

Date of Funeral 3-9-49 (Date) Thursday (Day of Week) 2 P.M. (Hour)

Services at: L. N. Baum Funeral Home

Clergyman: Rev. Mark Spacht (Address)

Religion of the Deceased Congregational Christian

Birthplace Indiana

Resided in the State Entire life (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Coronary occlusion

Contributory Causes arteriosclerosis

Certifying Physician Dr. O. F. Stultz (or Coroner)

His Address: Ligonier, Ind.

Name of Father James R. King

His Birthplace Ind.

Maiden Name of Mother Arabella Bassett

Her Birthplace Unknown

Motor Ship } Remains to

Size of Casket 6/6 Plain Oak (State Color and Number)

Manufactured by: Mc. Gurney Co.

Cemetery Crematory } Oak Park

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket		445 00
Burial Vault or Box (State Kind)		75 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ✓ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ✓ Gloves, $		
Funeral Car, $ ✓ Ambulance, $		
Limousines to Cemetery ✓ @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from Home		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ✓ Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ✓		
.... line Death Notices in 3 Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	520 00
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$ 225 00
	By Payment	$	$	3-15 49	By Payment	$ 295 00	$ ~~295 00~~
	" "	$	$	4-5 49	Noble County	$ 75 00	$ 150 00
	" "	$	$	6-4 49	U.S. Govt.	$ 150 00	$ —
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" Pd. in full	$	$
	" "	$	$		" " in 6-4	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

RECORD OF FUNERAL

Total No. 7 Yearly No. 5 Date of Entry March 15 1949.

Name of Deceased Joseph C. Reed white
☐ Married ☑ Single ☑ Widowed ☐ Divorced (What Race)

Residence: Cromwell ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Estate

Address .....

Order given by Ernest E. Miles (coinformant)

How Secured Telephone

If Veteran, State War Spanish American

Occupation Painter (Retired) (Social Security Number)

Employer and Address .....

Date of Death March 14 1949 (Date) 7:15 PM (Hour)

Date of Birth Sept. 26, 1863

Age 85 (Years) 5 (Months) 18 (Days)

Date of Funeral 3-17-49 (Date) Thurs. (Day of Week) 1:30 P.M. (Hour)

Services at L. W. Moore Funeral Home

Clergyman Rev. D.C. Truesdale Cromwell (Address)

Religion of the Deceased Lutheran

Birthplace Indiana

Resided in the State U. S. (or U. S. or City or County) 85 (Years) 5 (Months)

Place of Death Noble County Home

Cause of Death Congestive Heart Failure

Contributory Causes .....

.....

Certifying Physician C M Bowman M D (or Coroner)

His Address Albion, Ind.

Name of Father George William Reed

His Birthplace Unknown

Maiden Name of Mother Sarah DeBruler

Her Birthplace Unknown

Motor / Ship } Remains to .....

Size of Casket 6-6 23" Golden Oak (State Color and Number)

Manufactured by Batesville Casket Co.

Cemetery / ~~Crematory~~ } Sparta

Diagram of Lot or Vault

Lot No. .....
Grave No. .....
Section No. .....
Block No. .....
Owner .....

Complete Funeral (except outlays) ..... $		
Casket	415	00
Burial Vault ~~or Box~~ Cem. Vault (State Kind)	75	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Blue 1 pc. Stage (State Kind and Color)	25	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from Noble Co. Home		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.... line Death Notices in 2 Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill ..... $	515	00
Less ..... $		
Balance ..... $		
Entered into Ledger, page ..... or below.		

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
	By Payment	$	$
Mar 23 49	" " check	$ 515 00	$
	" " full	$	$
Paid in	" "	$	$
Full	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

8

RECORD OF FUNERAL

Total No. 8 Yearly No. 6 Date of Entry March 20 19 49.

Name of Deceased Mattie M. Smith White
☑ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Noble County, Indiana ☑Husband ☑Wife ☐Widow } Henry M. Smith
or ..... of } Age of Husband or Wife (if living) 76 Years

Charge to: Henry M. Smith

Address R.R.7 Conn St. Michawaka, Ind.

Order given by Henry M. Smith (or informant)

How Secured: call at Funeral Home

If Veteran, State War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death March 20, 1949 5:20 P.M. (Date) (Hour)

Date of Birth April 17, 1874

Age 74 (Years) 11 (Months) 3 (Days)

Date of Funeral 3/22/49 (Date) Tuesday (Day of Week) 2 P.M. (Hour)

Services at L.H. Moon Funeral Home

Clergyman: Rev. A. E. Helm Kimmell, Ind. (Address)

Religion of the Deceased Methodist

Birthplace Ill

Resided in the State Indiana 35 (or U.S. or City or County) (Years) (Months)

Place of Death Lawton Nursing Home, Ft. Wayne, Ind

Cause of Death Cerebral Hemorrhage

Contributory Causes Arteriosclerosis

Certifying Physician Dr. (or Coroner)

His Address Ft. Wayne, Ind.

Name of Father Delmar L. De Land

His Birthplace Unknown

Maiden Name of Mother Elizabeth Smith

Her Birthplace Unknown

Motor Ship } Remains to

Size of Casket 6/6 2 Solid Mahogany (State Color and Number)

Manufactured by: Batesville

Cemetery Crematory } Sparta

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket		650 00
Burial Vault or Box		75 00
Embalming Body ✓ (State Kind)		
(Name of Embalmer)		
Barber, $ ..... Hair Dressing, $ ✓		
Dressing Body, $ ✓ Underwear, $		
Suit or Dress ✓ (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ✓ Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ✓ Ambulance, $		
Limousines to Cemetery ✓ @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from Ft. Wayne		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit ✓ (State Number and District)		
Certif. Copies of Death Certificates No. 2 (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ .... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ✓ Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ✓		
....line Death Notices in 2 Papers		
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	725 00
Less	$	36 25
Balance	$	688 75

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Mar. 24 49	" " Check	$ 688 75	$
	" "	$	$		" " in full	$	$
	" "	$	$		" "	$	$
	" "	$	$	Paid	" " L. H. M.	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

RECORD OF FUNERAL

Total No. 9 Yearly No. 7 Date of Entry March 27 1949

Name of Deceased Ernest Hudson Galloway (What Race) white

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence: Noble County, Indiana ☐ Husband ☐ Wife ☐ Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to: Estate

Address .....

Order given by Charles Galloway (or informant)

How Secured: call at Funeral Home

If Veteran, State War .....

Occupation Farmer (Social Security Number)

Employer and Address .....

Date of Death March 26, 1949 (Date) 4 P.M. (Hour)

Date of Birth February 15, 1869

Age 80 (Years) 1 (Months) 11 (Days)

Date of Funeral 3-29-49 (Date) Tuesday (Day of Week) 2 P.M. (Hour)

Services at: U. B. Church, Indian Village

Clergyman: Rev. P. A. Hubartt, Waterloo (Address)

Religion of the Deceased U. B.

Birthplace Indiana

Resided in the State 80 (or U. S. or City or County) (Years) 1 (Months)

Place of Death Noble County

Cause of Death: Jacksonian Epilepsy

Contributory Causes: Cerebral arteriosclerosis complete Heart Block

Certifying Physician William L. Harlan M. D. (or Coroner)

His Address: Cromwell Ind.

Name of Father Percy Galloway

His Birthplace Indiana

Maiden Name of Mother Margaret Galloway

Her Birthplace Indiana

Motor / Ship } Remains to .....

Size of Casket 6/6 Woodland (gray) Rose Tan Velvet (State Color and Number)

Manufactured by: N. E. Burial Co.

Cemetery / ~~Crematory~~ } Indian Village

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	
Casket		675 00
Burial Vault or Box (State Kind)		75 00
Embalming Body (Name of Embalmer)		
Barber, $ ✓ Hair Dressing, $		
Dressing Body, $ ✓ Underwear, $		
Suit or Dress (State Kind and Color)		18 00
Slippers, $ Hose, $		
Folding Chairs, $ ✓ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ ✓ Gloves, $		
Funeral Car, $ ✓ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from Home		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit ✓ (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot:		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ✓ Singers, $ Organist, $		
Railroad / or Motor } Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ✓		
...line Death Notices in 3 Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	768 00
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
	By Payment	$	$
April 22 49	" "	$ 768 00	$
	" "	$ full	$
	" " Paid in	$	$
	" " full	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN - St. Louis, Mo.

10

RECORD OF FUNERAL

Total No. 10 Yearly No. 8 Date of Entry March 30 1949

Name of Deceased Belva Rachel Galloway (What Race) White

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: Cromwell, Ind. ☐Husband ☑Wife ☐Widow or ....of Dr. O. B. Galloway Age of Husband or Wife (if living) .....Years

Charge to: Estate

Address

Order given by Dr. O. B. Galloway (or informant)

How Secured: Oral

If Veteran, State War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death March 29 1949 (Date) 5:30 P.M. (Hour)

Date of Birth February 26, 1890

Age 59 (Years) 1 (Months) 3 (Days)

Date of Funeral 4/1/49 (Date) Friday (Day of Week) 2 P.M. (Hour)

Services at L. H. Moore Funeral Home

Clergyman: Rev. D. C. Truesdale (Address)

Religion of the Deceased M. E.

Birthplace Indiana

Resided in the State 59 1 (or U. S. or City or County) (Years) (Months)

Place of Death Cromwell

Cause of Death: Hypostatic Pneumonia

Contributory Causes Chronic Myocarditis

Arteriosclerosis

Certifying Physician Dr. R. F. Studley (or Coroner)

His Address: Ligonier

Name of Father Preston Young

His Birthplace Ind

Maiden Name of Mother Harriett Pollock

Her Birthplace Ind

Motor / Ship } Remains to

Size of Casket 6/4 Solid Oak, Nut Brown ½ C (State Color and Number)

Manufactured by: M. E. Gruny

Cemetery / Crematory } Sparta

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket		429 00
Burial Vault ~~or Box~~ (State Kind)		75 00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from: Home		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / or Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
... line Death Notices in 3 Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	504 00
Less	$	
Balance	$	
Entered into Ledger, page ... or below.		

Date			Amount Paid		Balance	
Sept. 8	49	To Above Balance Cash	20	00	$ 132	00
Sept. 21	49	By Payment	$ 46	00	$ 86	00
Nov. 8	49	Jon Galloway "	$ 10	00	$ 76	00
Nov. 25	49	" " " Cash	$ 10	00	$ 66	00
Apl. 4	50	" " Pd in full	$		$	
		" "	$		$	
		" "	$		$	
		" "	$		$	

Date			Amount Paid		Balance	
		To Balance Forward			$	
4-1	49	By Payment Andrea Galloway by check	$ 126	00	$ 378	00
4-2	49	James Galloway by check	$ 40	00	$ 338	00
4-2	49	Mark Galloway by cash	$ 40	00	$ 298	00
4-2	49	Jon Galloway by cash	$ 40	00	$ 258	00
4-20	49	Jim Galloway by check	$ 40	00	$ 218	00
5-21	49	Jim Galloway by check	$ 46	00	$ 172	00
4-12	49	Mark Galloway, cash	$ 20	00	$ 152	00

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

RECORD OF FUNERAL

Total No. 11 Yearly No. 9 Date of Entry April 19 1949.

Name of Deceased Susan Addie Stoner (What Race: White)

☐ Married ☐ Single ☑ Widowed ☐ Divorced

Residence: Ligonier, Ind. ☐Husband ☐Wife ☑Widow of B. Franklin Stoner Age of Husband or Wife (if living)..... Years

Charge to: Ed Stoner

Address: Ligonier, Indiana

Order given by: Ed Stoner (or informant)

How Secured: Call at Funeral Home

If Veteran, State War

Occupation: Home wife (Social Security Number)

Employer and Address

Date of Death: April 17, 1949 (Date) 12:15 P.M. (Hour)

Date of Birth: March 28, 1870

Age: 79 (Years) 0 (Months) 19 (Days)

Date of Funeral: 4/19/49 (Date) Tuesday (Day of Week) 2 P.M. (Hour)

Services at: L. D. Mowe Funeral Home

Clergyman: Rev. John Hartman (Address)

Religion of the Deceased: Protestant

Birthplace: Indiana

Resided in the State: Indiana (or U. S. or City or County) 79 (Years) (Months)

Place of Death: Ligonier

Cause of Death: Cerebral Hemorrhage

Contributory Causes: Arteriosclerosis

Certifying Physician: Dr. L. J. Stultz (or Coroner)

His Address: Ligonier, Ind.

Name of Father: William Kraus

His Birthplace: Unknown

Maiden Name of Mother: Mariah Cooper

Her Birthplace: Unknown

Motor / Ship } Remains to

Size of Casket: 6-6 Stanley Mahogany (State Color and Number)

Manufactured by: M. E. Gundy

Cemetery / Crematory } North Webster

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket		385 00
Burial Vault or Box (State Kind)		75 00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from Ligonier		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot:		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / or Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
...line Death Notices in 3 Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	460 00
Less	$	
Balance	$	

Entered into Ledger, page ... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	-	$	4/19	49 To Balance Forward	460 00	$
	By Payment	$	$		By Payment	$	$
	" "	$	$		Paid in full	$	$
	" "	$	$		4/19/49	$	$
	" "	$	$		" H.M.	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Compiled by F. J. FEINEMAN. St. Louis, Mo.

12

RECORD OF FUNERAL

Total No. 17 Yearly No. 10 Date of Entry April 25 1949

Name of Deceased Simeon Lee Long (What Race) white

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: Elkhart Co. Benton Twp. ☑ Husband ☐ Wife ☐ Widow or ..... of Verna Long

Age of Husband or Wife (if living) ..... Years

Charge to: Verna Long

Address: Ligonier, Ind. R. R.

Order given by Verna Long (or informant)

How Secured: Mail

If Veteran, State War

Occupation Farmer (Social Security Number)

Employer and Address

Date of Death April 25, 1949 (Date) 5:35 AM (Hour)

Date of Birth Dec. 3, 1873

Age 75 (Years) 4 (Months) 22 (Days)

Date of Funeral 4-27-49 (Date) Wed. (Day of Week) 2 P.M. (Hour)

Services at L. H. Moore Funeral Home

Clergyman: Rev. D. C. Truesdale, Syracuse (Address)

Religion of the Deceased M. E.

Birthplace Indiana

Resided in the State 75 (or U. S. or City or County) (Years) 4 (Months)

Place of Death Penn Nursing Home

Cause of Death: Encephalitis Dementia

Contributory Causes

Certifying Physician Dr. C. R. Herd (or Coroner)

His Address: Penn, Indiana

Name of Father Perry Long

His Birthplace Indiana

Maiden Name of Mother Rachel Smith

Her Birthplace Ohio

Motor / Ship } Remains to

Size of Casket 6.8.25 Steel tone, Jinx (State Color and Number)

Manufactured by: Angel Casket Co.

Cemetery / Crematory } Oak Park Ligonier, Ind.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket		790 00
Burial Vault or Box (State Kind)		75 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or ~~Dress~~ (State Kind and Color)		15 00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from: Penn, Ind.		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.... line Death Notices in 3 Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	880 00
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward	880 00	$
	By Payment	$	$	May 10 49	By Payment	$ 700 00	$
	" "	$	$		" " full	$	$
	" "	$	$	Paid in	"	$	$
	" "	$	$	5-10-49	"	$	$
	" "	$	$	2 P.M.	"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

$ 25.00 Apr 27 1949 No.

RECEIVED OF L. H. Moore Funeral Home

Twenty-five & 00/00 DOLLARS

Grave opening

Lee Long

BY Lucian Smith Lee,
L. C. A.

RECORD OF FUNERAL

Total No. 13 Yearly No. 11 Date of Entry April 28 19 49

Name of Deceased George Archer Randall white
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence: Sparta Twp. Noble Co. ☐Husband ☐Wife ☒Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to: Lawrence Randall

Address. Sigonia, Ind. R. R. 2

Order given by. Lawrence Randall (or informant)

How Secured: Cash

If Veteran, State War

Occupation. farmer

Employer and Address (Social Security Number)

Date of Death. April 26, 1949 10:50 P. (Date) (Hour)

Date of Birth. May 7, 1868

Age. 80 (Years) 11 (Months) 19 (Days)

Date of Funeral. 4/30/49 Sat. 2 P.M. (Date) (Day of Week) (Hour)

Services at: L. Randall Residence

Clergyman: Rev. A. E. Helm, Kimmell, Ind. (Address)

Religion of the Deceased M. E.

Birthplace Indiana

Resided in the State. Ind. 80 (or U. S. or City or County) (Years) 11 (Months)

Place of Death. Alfred Nursing Home

Cause of Death: Cerebral Hemorrhage

Contributory Causes. Arteriosclerosis

Certifying Physician. D. N. Herring M. D. (or Coroner)

His Address: Princeton

Name of Father. Alvin Randall

His Birthplace. Ohio

Maiden Name of Mother. Lavonia Archer

Her Birthplace. Ohio

Motor / Ship } Remains to

Size of Casket. 6/6 25 Bronze metal (State Color and Number)

Manufactured by: Royal Casket Co.

Cemetery / Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner.

Complete Funeral (except outlays)	$	
Casket		525 00
Burial Vault or Box		75 00
Embalming Body (State Kind)		
(Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from Alfred Nursing Home		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot:		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
... line Death Notices in 2 Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	610 00
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$ 510 00
	By Payment	$	$	May 3 49	By Payment 101 Club	$ 100 00	$ 100 00
	" "	$	$	May 10 49	L. Randall Chk	$ 510 00	$
	" "	$	$		" " Pd. in full	$	$
	" "	$	$		" " L. D. M.	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

14

RECORD OF FUNERAL

Total No. 14 Yearly No. 12 Date of Entry April 28 1949

Name of Deceased Lona F. Priest White

☑ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Cromwell, Ind. ☐ Husband ☑ Wife ☐ Widow or ..... of Harvey B. Priest

Age of Husband or Wife (if living) 72 Years

Charge to: Estate

Address

Order given by Mrs. Harry Galloway (or Informant)

How Secured: Oral

If Veteran, State War

Occupation (Social Security Number)

Employer and Address

Date of Death April 28, 1949 (Date) 2:30 PM (Hour)

Date of Birth Feb. 10, 1873

Age 76 (Years) 2 (Months) 18 (Days)

Date of Funeral 5/1/49 (Date) Sunday (Day of Week) 2 P.M. (Hour)

Services at L. H. Moore Funeral Home

Clergyman: Rev. D. C. Swerdale, Syracuse (Address)

Religion of the Deceased unknown

Birthplace Indiana

Resided in the State 76 (or U. S. or City or County) (Years) 2 (Months)

Place of Death Cromwell, Ind.

Cause of Death: Coronary occlusion

Contributory Causes. generalized arteriosclerosis

Hypertension

Certifying Physician Dr. W. L. Harlan (or Coroner)

His Address: Cromwell, Ind.

Name of Father John Miller

His Birthplace Unknown

Maiden Name of Mother Rachela Burgess

Her Birthplace Unknown

Motor / Ship } Remains to

Size of Casket 6/6 22 Solid Oak Nut Brown (State Color and Number)

Manufactured by: W. L. Burney Co.

Cemetery / Crematory } Sparta

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket		430 00
Burial Vault or Box (State Kind)		75 00
Embalming Body ✓ (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $ ✓		
Dressing Body, $ ✓ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ✓ Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ✓ Gloves, $		
Funeral Car, $ ✓ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from: Home		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit ✓ (State Number and District)		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, $ ..... Use of Chapel, $ ✓ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb ✓		15 00
Lining Grave, $ ✓ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ✓ Singers, $ ..... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ✓		
.....		
..... line Death Notices in ✓ Papers		
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	505 00
Less	$	570 00
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
Sept. 12 49	By Payment Cash	$ 350 00	$ 155 00
Oct. 11 49	" " Cash	$ 50 00	$ 105 00
	" "	$	$ 15 00
Paid in Full Nov 8-49			$ 120 00
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Form OA-C721
10-46

Form approved.
Budget Bureau No. 72-R233.

FEDERAL SECURITY AGENCY

SOCIAL SECURITY ADMINISTRATION

BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

We have been informed that you rendered the last services to the wage earner named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope which requires no postage.

Brenton M. Kohen
(Name of deceased wage earner)

30-26072 I
(Account number)

ENCLOSURE:

(You may detach here and save top portion for your files)

RECORD OF FUNERAL

Total No. 15 Yearly No. 13 Date of Entry May 6 1949

Name of Deceased Brenton M. Kohen (What Race) white

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: Sparta Twp. Noble Co. Ind. ☑ Husband ☐ Wife ☐ Widow of Pearl Stough Kohen

Charge to: Mrs. Pearl Kohen Age of Husband or Wife (if living) ..... Years

Address Cromwell, Ind.

Order given by Mrs. Pearl Kohen (or informant)

How Secured: Insd.

If Veteran, State War

Occupation Farmer & Carpenter (Social Security Number)

Employer and Address

Date of Death May 6, 1949 (Date) 5:15 A.M. (Hour)

Date of Birth August 23, 1881

Age 67 (Years) 8 (Months) 13 (Days)

Date of Funeral 5-8-49 (Date) Sunday (Day of Week) 2 P.M. (Hour)

Services at: M. E. Church

Clergyman: Rev. A. E. Helm Kimmell (Address)

Religion of the Deceased M. E.

Birthplace Indiana

Resided in the State Ind. (or U. S. or City or County) 67 (Years) 8 (Months)

Place of Death Home

Cause of Death: Coronary Thrombosis

Contributory Causes: Cardiac asthma

Arterio Sclerosis

Certifying Physician Dr. A. F. Stultz (or Coroner)

His Address: Lagonda, Ind.

Name of Father William P. Kohen

His Birthplace Ohio

Maiden Name of Mother Margaret McTernan

Her Birthplace Ohio

Motor / Ship } Remains to

Size of Casket 6/6 23 Astoria Copper tone (State Color and Number)

Manufactured by: M. E. Gunny

Cemetery / Crematory } Indian Village

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket		530 00
Burial Vault or Box		
Embalming Body (State Kind)		
(Name of Embalmer)		
Barber, $	Hair Dressing, $	
Dressing Body, $	Underwear, $	
Suit or Dress (State Kind and Color)		
Slippers, $	Hose, $	
Folding Chairs, $	Tarpaulin, $	
Candelabrum, $	Candles, $	
Door Spray, $	Gloves, $	
Funeral Car, $	Ambulance, $	
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from Home		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $	Use of Chapel, $	
Gross Total for Sales Tax	$	
Outlay for Lot:		
Cremation		
Flowers, $	Palms, $	Matting, $
Rental of Tent, $	of Temporary Vault, $	
Opening of Grave or Tomb		
Lining Grave, $	Lowering Device, $	
Outlay for Shipping Charges		
Clergyman, $	Singers, $	Organist, $
Railroad or Motor } Tickets, $	Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
line Death Notices in 3 Papers		
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	530
Less 5%	$	27
Balance	$	503 00

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	May 16 49	Mrs. Pearl Kohen	$ 503 00	$
	" "	$	$		" "	$	$
	" "	$	$		Pd. "	$	$
	" "	$	$		5-11-49	$	$
	" "	$	$		F H M	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

16

RECORD OF FUNERAL

Total No. 16 Yearly No. 14 Date of Entry May 12 1949

Name of Deceased Frank Hunt White

☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence: W. Whitley County, Ind. ☐Husband ☐Wife ☐Widow or Widower of Eva Hunt Age of Husband or Wife (if living) ..... Years

Charge to: Leigh Hunt

Address: R.T. Waynes, Ind.

Order given by: Mary Dr. Hoke (or informant)

How Secured: Burial

If Veteran, State War

Occupation: Retired Farmer (Social Security Number)

Employer and Address

Date of Death: May 10 1949 (Date) (Hour)

Date of Birth: Aug 25, 1869

Age: 79 (Years) 9 (Months) 15 (Days)

Date of Funeral: 5-12-49 (Date) Thurs (Day of Week) 3 P.M. (Hour)

Services at: L. H. Moon Funeral Home

Clergyman: Rev. Lindsay Yoder, Ind. (Address)

Religion of the Deceased: Presbyterian

Birthplace: Ind.

Resided in the State 79 (or U. S. or City or County) (Years) 9 (Months)

Place of Death: Atlanta, Ga.

Cause of Death: Gastric Hemorrhage

Contributory Causes: Hypertension

Certifying Physician: Frank Eskridge M.D. (or Coroner)

His Address: Atlanta, Ga.

Name of Father: Franklin Hunt

His Birthplace: Unknown

Maiden Name of Mother: Martha Long

Her Birthplace: Unknown

Motor Ship } Remains to

Size of Casket: 6/6 23 Lined Oak (State Color and Number)

Manufactured by: Unknown

Cemetery Crematory } Salem

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$		
Casket			
Burial Vault or Box (State Kind)		75	00
Embalming Body (Name of Embalmer)			
Barber, $ ..... Hair Dressing, $			
Dressing Body, $ ..... Underwear, $			
Suit or Dress (State Kind and Color)			
Slippers, $ ..... Hose, $			
Folding Chairs, $ ..... Tarpaulin, $			
Candelabrum, $ ..... Candles, $			
Door Spray, $ ..... Gloves, $			
Funeral Car, $ ✓ Ambulance, $			
Limousines to Cemetery ✓ @ $			
Extra Limousines @ $			
Autos to R. R. Station ✓ @ $			
Getting Remains from: R.T. Waynes ✓			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit ✓ (State Number and District)			
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)			
Pall Bearer Service, $ .... Use of Chapel, $			
Gross Total for Sales Tax	$		
Outlay for Lot:			
Cremation			
Flowers, $ ..... Palms, $ ..... Matting, $			
Rental of Tent, $ .... of Temporary Vault, $			
Opening of Grave or Tomb			
Lining Grave, $ ..... Lowering Device, $			
Outlay for Shipping Charges			
Clergyman, $ ..... Singers, $ .... Organist, $			
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service		50	00
.....			
....line Death Notices in ..... Papers (Names of Newspapers)			
Sales Tax			
Total Footing of Bill	$	125	00
Less	$		
Balance	$		
Entered into Ledger, page ..... or below.			

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward		$
	By Payment	$	$		By Payment 6-6-49	$ 125 00	$ —
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		"Pd in full	$	$
	" "	$	$		" " 49	$	$
	" "	$	$		" 6-6 [illegible]	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

ORIGINAL TRANSIT PERMIT

TRANSPORTATION OF CORPSE

GEORGIA STATE BOARD OF EMBALMING

ALWAYS WRITE WITH BLACK INK. ROOM 111, STATE CAPITOL, ATLANTA, GEORGIA

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

CERTIFICATE OF DEATH

State File No.

L. R. File No.

1. Place of Death
(a) County DeKalb Militia Dist. No.
(b) City or Town Atlanta
(If Outside City or Town Limits, Write Rural)
(c) Name of Hosp. or Institution 1337 Fairview Rd., N. E.
(d) Length of Stay Before Death: Hosp. or Institution In This Community

2. Usual Residence of Deceased
(a) State Indiana (b) County
(c) City or Town Larwille
(If Outside City or Town Limits, Write Rural)
(d) R.F.D. and Box No.
(e) Foreign Country? No Citizen of (Yes or No) If Yes, Name Country

3. Full Name Frank Hunt

If Veteran Name War | Social Security Number

PERSONAL AND STATISTICAL PARTICULARS

4. Sex Male
5. Race White
6. Marital Status (circle) S. (W) M. D.
7. If Married or Widowed Give Name of Spouse Eva A. Scott
8. Age: Years 79 Months 8 Days 15 If less than 24 hrs. Hrs. Min.
9. Date of Birth Aug. Mo. 25 Day 1869 Year Birth Place Larwille, Ind.
10. Usual Occupation Retired
11. Industry or Business
12. Father: Name Franklin Hunt
13. Birthplace Unknown
14. Mother: Maiden Name Martha Long
15. Birth Place Unknown
16. Informants Own Signature H. H. Hunt
17. Informants P. O. Address Atlanta, Georgia
18. Burial, Cremation or Removal Removal (a) Date 5-11-49
19. P. O. Address of Place of Burial Ft. Wayne, Ind.
20. Signature of Person Burying Body A. S. Turner & Sons
21. P. O. Address of Undertaker Decatur, Georgia
Date Filed with L. R.
22. Registrar's Name

Please answer carefully all questions to avoid receiving queries for omitted information. Please give age, occupation and Social Security No. to assist in settling S. S. claims.

MEDICAL CERTIFICATION

23. Date of Death May 10, 1949 Time A. M. P. M. (Hour: Minute)
24. I hereby certify that I attended the deceased who died on the above date. I last saw him Alive on May 2, 1949
Duration
Primary Cause of Death Gastric Hemmorrhage Indef.
(Please Underline the Cause to Which This Death Should Be (Charged)
Contributory Causes Hypertension
(Including Any Pregnancy Within Three Months of Death)
Operation
Date of Operation | Diagnosis: Clinical, Lab., X-Ray (Check) | Was Autopsy Performed?
25. If death was due to external violence please answer the following questions:
(a) Accident, Suicide, Homicide (Specify) (b) Date of Occurrence
(c) Place of Accident (City) (County) (State)
(d) Where: Home, Farm, Industry, Public Place While at Work
(e) Means of Injury
26. Physician's Name Frank Eskridge, M. D.
Physician's P. O. Address 744 W. Peachtree St. Atlanta, Ga.
Date Signed 5-1-49

PERMIT OF BOARD OF HEALTH OR REGISTRAR

This Permit, with above Certificate, must be presented to Initial Baggage Agent, and delivered with body at destination.

May 11, 1949

Permission is hereby granted to remove for burial at Ft. Wayne, Ind. the body of Frank Hunt, above described, if prepared in accordance with the laws of this State, printed on the back of this Permit.

If contagious or communicable, state name of person who is authorized to accompany the body.

L. Thornton
Health Officer or Registrar.

Detach above portion of this perforation, and hand to passenger in charge, to be delivered to the undertaker at destination. If burial is made in this State, the Sexton or other person superintending must send this permit to the State Board of Health in ten days, unless burial is made in city or town where death certificates are permanently filed.

DETACH AT THIS PERFORATION, AND SECURELY ATTACH THIS LABEL TO THE OUTSIDE CASE.

CORPSE TRANSIT LABEL

FUNERAL DIRECTOR'S CERTIFICATE

I (or we) hereby certify that the accompanying dead body of Frank Hunt to be transported to Ft. Wayne, Ind. State of Ind. In care of H. H. Hunt has been prepared for transportation in conformity with Rule No. 3 of the transportation rules for corpses in the State of Georgia.

Ralph S. Turner (Embalmer) — License No. k 1440 — A. S. Turner & Sons (Shipping Funeral Director.)

May 11, 1949

Address Decatur, Georgia

Station Baggagemen must enter hereon a description of the corpse ticket, or check the exact route, and VIA WHAT JUNCTIONAL POINTS THE TICKET READS, which is held by the passenger in charge of the remains.

DATE May 11, 1949

From Atlanta to Ft. Wayne State of Ind.

No. of Ticket of Escort 3500 Form No. of Ticket of Escort

No. of Corpse Ticket 5458 Form No. of Corpse Ticket

Via R. R. To

Via R. R. To

Via R. R. To

Via R. R. To

Name of Passenger in Charge H. H. Hunt Place of Residence Atlanta, Georgia

Signed Station B. M.

SEE RULES AND INSTRUCTIONS ON OTHER SIDE

Rules for the Transportation of Human Dead Bodies in the State of Georgia

Rule 1—Regulations Regarding the Transportation of the Dead.—A copy of the original death certificate on the standard certificate of death form, signed by attending physician, permit of local board of health or registrar, and a transit label signed by the shipping funeral directors, and initial baggage agent, printed on strong white paper, supplied through the Georgia State Board of Embalming by the public printers, shall be required for the transportation by common carriers of bodies of persons dying in this State. The death certificate shall contain such information as is required in the standard form of death certificate, if obtainable. The health officer's or registrar's permit shall authorize the transportation of the body described in the physician's certificate. The shipping funeral director shall state on the shipping label how the body is prepared, and the local baggage agent shall state thereon the route, name and address of escort.

The physician's certificate and health officer's or registrar's permit shall be given to the escort to be delivered with the body at destination. The shipping label shall be securely attached to the outside case. If the body is sent by express, the physician's certificate and the permit shall be attached to the express waybill, and delivered with the body at the destination, and the shipping label shall be attached to the outside case.

Rule 2—The transportation of bodies dead of smallpox, plague, Asiatic cholera, yellow fever, typhus fever, diphtheria (membranous croup or diphtheretic sore throat), scarlet fever (scarlet rash or scarlatina), erysipelas anthrax and leprosy shall be permitted only under the following conditions: the body shall be thoroughly embalmed with an approved disinfectant fluid, all orifices shall be closed with absorbent cotton, the body shall be washed with the disinfectant fluid, enveloped in a sheet saturated with the same, and placed at once in the coffin or casket, which shall be immediately closed, and the coffin or casket, or the outside case containing the same, shall be metal or metal-lined, and hermetically and permanently sealed.

Rule 3—The transportation of bodies dead of any diseases other than those mentioned in Rule 2, shall be permitted under the following conditions:

(A) When the destination can be reached within twenty-four hours after death, the coffin or casket shall be inclosed in a strong outside box made of good sound lumber, not less than seven-eighth of an inch thick, all joints must be tongued and grooved, top and bottom, put on with cleats or cross pieces, all put securely together, and be tightly closed with white lead, asphalt varnish or paraffin paint, and a rubber gasket placed on the upper edge between the lid and the box; provided, however, that caskets containing embalmed bodies may be shipped to points in this State in tight ordinary casket boxes; and provided, further, that bodies addressed to the Anatomical Board of this State may be received for shipment when prepared in such manner as the State Anatomical Board may direct.

(B) When the destination can not be reached within twenty-four hours after death, the body shall be thoroughly embalmed, and the coffin or casket placed in a strong well made outside shipping case.

Rule 4—No disinterred body, dead from any disease or cause, shall be transported by common carriers, unless approved by health authorities having jurisdiction at the place of disinterment, and a transit permit, and transit label, shall be required, as provided in Rule 1. The disinterment and transportation of bodies dead of diseases mentioned in Rule 2 shall not be allowed except upon permission of the health authorities, at both places of disinterment and the point of destination. All disinterred remains for transportation shall be incased in metal casket or metal lined boxes, and hermetically sealed; provided, that bodies in a receiving vault when prepared by licensed embalmer, shall not be regarded as disinterred bodies until after the expiration of 30 days.

Rule 5—The outside case may be omitted in all instances when the body is transported in auto or horse-drawn hearse or funeral director's wagon.

Rule 6—Every outside case shall bear at least four handles, and when over five feet six inches in length shall bear six handles.

Rule 7—An approved disinfectant fluid shall contain not less than five per cent. of formaldehyde gas, the term embalming as employed in these Rules shall require the injection by a licensed embalmer of not less than ten per cent. of the body weight for bodies of persons dead of diseases in Rule 2, injected arterially, in addition to cavity injection; and not less than six per cent. of the body weight injected arterially in all other cases in addition to cavity injection.

Rule 8—The attached form of death certificate, health officers' or registrars' permit, and label as described herein, with these rules printed thereon, shall be used in this State for the shipment of bodies as herein provided.

NOTICE TO RAILROAD AGENTS, STATION AND TRAIN BAGGAGEMEN:

You will in no case receive for transportation unless accompanied by physician's, coroner's or board of health certificate, also an undertaker's certificate that the body has been prepared for burial and shipment in accordance with the rules of the States Board of Embalming, **nor will it even with such certificate if fluids or offensive odors are escaping from the case.** One **full** first-class **limited** or unlimited ticket will be required for the transportation of a corpse without regard to the age of the deceased, and the word "Corpse" must be plainly written on the face of a local and on each coupon of a coupon ticket. A corpse will not be taken for transportation unless a passenger is in charge.

It will be the duty of Agents and Baggage Agents to see that each burial case is properly marked on "Paster," giving date, and at what station shipped, point of destination, "State," number and form of ticket, name of passenger in charge, and place of residence with name of Agent.

You will see that the Certificate of "Undertaker" or Funeral Director is properly filled out by him, and that the paster is properly filled out by yourself and is securely fastened on the coffin box before it is put into the car, and the permit remaining you will hand to the passenger in charge of the corpse.

The whole form must be made in **duplicate,** either with a pen, carbon paper, or simplex paper, and the signatures of the physician or coroner and undertaker must be on **both** the original and duplicate copies.

The undertaker's certificate and paster of the **original** will be detached from the physician's certificate and permit and fastened on the coffin box. The physician's certificate and the permit will be handed to the passenger. The **whole duplicate** copy will be sent to the General Baggage Agent of the initial road by first passenger train.

All this information is necessary to insure prompt transportation of the corpse.

GEORGIA STATE BOARD OF EMBALMING.

EXTRACTS FROM SOUTHERN JOINT TARIFF No. 4

Rule 36. CORPSES. (a) A corpse will be checked under an "Excess Baggage Check," endorsed "Corpse" and showing form number of ticket, and transported in baggage service, provided a first-class adult ticket, limited or unlimited, is presented, and that portion thereof reading to destination of check surrendered to the checking baggage agent, who will transmit same with his report to the Accounting Department of his Company; also provided the corpse be accompanied on the same train by an escort holding a ticket for his own transportation to the destination to which the corpse is checked.

(b) A corpse will be accepted for transportation only on presentation of legal form of transit permit properly filled out and signed, showing that the body has been prepared for shipment in accordance with the law.

(c) A corpse will be checked only upon presentation of regular one-way first-class adult ticket or the return portion of a first-class adult round-trip ticket originally issued for the transportation of the deceased person.

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

Form V. S. 4

INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
BURIAL-TRANSIT PERMIT

No. 10

Full name of deceased Frank Hunt Age 79

Place of death Atlanta (City or County) Georgia (State) Date of death May 10, 1949

Cause of death Gastric Hemorrhage, Hypertension

Method of disposal Burial (Whether burial cremation, transit, storage, etc.) Salem (Cemetery or crematory) Noble (City or county) Ind. (State)

Funeral director L. H. Moore Address Cromwell, Ind.

PERMIT

A certificate of death having been filed as required by the laws of Indiana, permission is hereby given to dispose of the body as above stated.

Date May 12, 1949 Signature Lloyd H. Moore (Health Officer) Deputy

Address Cromwell, Ind.

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was ..... (Cremated, buried, stored, etc.) on ..... 19 ..... in ..... (Cemetery or crematory)

Place ..... Signature ..... (Sexton or person in charge)

This Permit should be endorsed by the Sexton (or Funeral Director where there is no Sexton) and carefully preserved.

READ CAREFULLY

HEALTH OFFICER: This burial-transit permit may be issued only upon receipt of a death certificate.

FUNERAL DIRECTORS: This burial-transit permit is required for any manner of disposition of a dead body including interment, storage, cremation and **transportation.** A permit is required for each stillbirth before disposal of the body.

When used as a transit permit for transportation by common carrier this permit, or a duplicate thereof, should be enclosed in a strong envelope and attached to the shipping case.

Before shipment by train or express, the body must be embalmed; or if that is not practicable, must be enclosed in a tightly sealed casket or outer case.

SEXTON: It is unlawful for any sexton, or other person in charge of a burial place, to permit burial or other disposition of a dead body before a burial-transit permit is deposited with him.

RECORD OF FUNERAL

Total No. 17 Yearly No. 15 Date of Entry May 18 1949

Name of Deceased George W. Schlabaugh White

☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence Noble County ☐Husband ☐Wife ☐Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to Elmer Schlabaugh

Address Cromwell, Ind. R.R. 1

Order given by Elmer Schlabaugh (or informant)

How Secured Oral

If Veteran, State War

Occupation Farmer (Social Security Number)

Employer and Address

Date of Death May 18, 1949 (Date) 5:00 A.M. (Hour)

Date of Birth Aug. 12, 1867

Age 81 (Years) 9 (Months) 6 (Days)

Date of Funeral 5-20-49 (Date) Friday (Day of Week) 1 P.M. (Hour)

Services at L. H. Moore Funeral Home

Clergyman Rev. A. F. Degen, Big Laber (Address)

Religion of the Deceased Unknown

Birthplace Indiana

Resided in the State Indiana 81 9 (or U. S. or City or County) (Years) (Months)

Place of Death Sparta Twp

Cause of Death Decubitus Ulcers

Contributory Causes Arteriosclerosis, Myocarditis, Hypertension

Certifying Physician J. B. Schutt M.D. (or Coroner)

His Address Ligonier

Name of Father Henry Schlabaugh

His Birthplace Penn.

Maiden Name of Mother Mary Ann Kreider

Her Birthplace Penn

Motor / Ship } Remains to

Size of Casket 6/6 Rose Cedar Stanley (State Color and Number)

Manufactured by M. L. Swanson

Cemetery / ~~Crematory~~ } Sparta

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket		315 00
Burial Vault or Box		75 00
Embalming Body (State Kind)		
Barber, $ ..... Hair Dressing, $ (Name of Embalmer)		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from Elmer Schlabaugh		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ .. Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....		
....line Death Notices in 1 Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	390 00
Less	$	
Balance	$	
Entered into Ledger, page ..... or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward	390 00	$
7/5/50	By Payment	$ 10 00	$ 70 00		By Payment	$ 180 00	$
6/7/50	" "	$ 70 00	$ —		July 20 00	$ 210	$ 210 00
	" "	$	$ Paid in full		Paid 9/18/49	$	$
	" "	$	$		Paid Oct 3-49	$ 50 00	$
	" "	$	$		" 3/10/52	$ 80 00	$
	" "	$ 8/7/50	$ J. M.		" "	$	$ 160 00
	" "	$	$		" "	$	$ 80 00

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 18 Yearly No. 14 Date of Entry May 21 19 49

Name of Deceased Etta May Huffman (What Race: white)

☐ Married ☐ Single ☑ Widowed ☐ Divorced

Residence: Washington Township ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to: Lenal Weimer

Address: Leavell

Order given by: Charles Mc Cammit (or informant)

How Secured: Telephone cash

If Veteran, State War

Occupation: House keeper (Social Security Number)

Employer and Address

Date of Death: May 20, 1949 (Date) 1230 A (Hour)

Date of Birth: June 3, 1894

Age: 54 (Years) 11 (Months) 17 (Days)

Date of Funeral: 5/23/49 (Date) Monday (Day of Week) 10 A.M. (Hour)

Services at L. H. Moore Funeral Home

Clergyman: (Address)

Religion of the Deceased

Birthplace: Indiana

Resided in the State: Indiana (or U. S. or City or County) 54 (Years) 11 (Months)

Place of Death: Noble County Home

Cause of Death: Generalized Carcinamara

Contributory Causes:

Certifying Physician: Dr. C. W. Bowman (or Coroner)

His Address: Albion, Ind.

Name of Father: Charles King

His Birthplace: Unknown

Maiden Name of Mother: Araintha Fisher

Her Birthplace: Unknown

Motor/Ship Remains to: Greentown, Ind.

Size of Casket: 6/6 Doraki (State Color and Number)

Manufactured by: M. E. Gurney Co.

Cemetery/Crematory: I.O.O.F.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	100	00
Casket ✓		
Burial ~~Vault or~~ Box ✓ (State Kind)		
Embalming Body ✓ (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $ ✓		
Dressing Body, $ ✓ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ✓ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ✓ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from hotel Coyt Home		
Taking Remains to Greentown		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges ✓		
Procuring Burial Permit ✓ (State Number and District)		
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $ ✓		
Gross Total for Sales Tax		
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or ~~Tomb~~ ✓		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ✓ ..... Singers, $ .... Organist, $		
Railroad or Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced ✓		
Out of town Undertaker's Charges		
Personal Service ✓		
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	100	00
Less		
Balance		

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	July 17 49	By Payment Check	$ 100 00	$ —
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

$ 25.00 June 20 1949 No.

RECEIVED OF Moore Funeral Home

Twenty-five & 00/100 DOLLARS

Opening grave for P. Johnson

104-2.

BY R. Smith Sec.
L.C.a

Form OA-C721
10-46

Form approved.
Budget Bureau No. 72-R283.

FEDERAL SECURITY AGENCY

SOCIAL SECURITY ADMINISTRATION

BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

We have been informed that you rendered the last services to the wage earner named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope which requires no postage.

Peter Johnson
(Name of deceased wage earner)

315-20-5163 A1
(Account number)

ENCLOSURE:

(You may detach here and save top portion for your files)

RECORD OF FUNERAL

Total No. 19 Yearly No. 17 Date of Entry June 19 1949.

Name of Deceased Peter Johnson (What Race: White)

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: Cromwell, Ind. ☑ Husband ☐ Wife ☐ Widow } or ..... of } Ellen Johnson Age of Husband or Wife (if living) ..... Years

Charge to: Family

Address: 0

Order given by: Family (or informant)

How Secured: Call at Funeral Home

If Veteran, State War .....

Occupation: Retired Farmer (Social Security Number)

Employer and Address .....

Date of Death: June 18, 1949 (Date) 9:25 P.M. (Hour)

Date of Birth: December 25, 1866

Age: 82 (Years) 5 (Months) 23 (Days)

Date of Funeral: 6-21-49 (Date) Tuesday (Day of Week) 2 P.M. (Hour)

Services at: L. H. Moore Funeral Home

Clergyman: Rev. D. C. Trundal, Syracuse (Address)

Religion of the Deceased: Lutheran

Birthplace: Sweden

Resided in the ~~State~~: U. S. (or U. S. or City or County) 62 (Years) (Months)

Place of Death: Cromwell, Ind.

Cause of Death: Cerebral Vascular accident

Contributory Causes: Generalized arteriosclerosis Carcinoma of the Prostate

Certifying Physician: Dr. W. L. Harlan (or Coroner)

His Address: Cromwell, Ind.

Name of Father: John Johnson

His Birthplace: Sweden

Maiden Name of Mother: Hanna Olson

Her Birthplace: Sweden

Motor / Ship } Remains to .....

Size of Casket: 6/6 23 Golden Oak (State Color and Number)

Manufactured by: Kammer Casket Co.

Cemetery / ~~Crematory~~ } Oak Park

Diagram of Lot or Vault

Lot No. .....
Grave No. .....
Section No. .....
Block No. .....
Owner .....

Complete Funeral (except outlays)	$	
Casket		465 00
Burial Vault or ~~Box~~ (State Kind)		75 00
Embalming Body ✓ (Name of Embalmer)		
Barber, $ ✓ Hair Dressing, $		
Dressing Body, $ ✓ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ ✓ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ ✓ Ambulance, $		
Limousines to Cemetery ✓ @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from: Home		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit ✓ (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb ✓		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ✓ Singers, $ Organist, $		
Railroad / Motor } Tickets, $ Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
....line Death Notices in 2 Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	540 00
Less	$	31 50
Balance	$	508 50

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	6-30-49	" " Check	$ 508 50	$
	" "	$	$		" "	$	$
	" "	$	$		" Paid in full		$
	" "	$	$		"	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 20 Yearly No. 18 Date of Entry July 25 1949

Name of Deceased Susie C. Honty (What Race) White

☐ Married ☐ Single ☑ Widowed ☐ Divorced

Residence Mishawaka

☐ Husband ☐ Wife ☑ Widow } of Harry Honty

Charge to: Harvey Honty

Address Cromwell Ind

Order given by Harvey Honty (or informant)

How Secured:

If Veteran, State War

Occupation Housewife & keeper (Social Security Number)

Employer and Address

Date of Death July 24 1949 (Date) 5:30 PM (Hour)

Date of Birth Jan. 8, 1870

Age 79 (Years) 6 (Months) 16 (Days)

Date of Funeral 7-26-49 (Date) Tuesday (Day of Week) 2 P.M. (Hour)

Services at L. N. Moore Funeral Home

Clergyman Rev. D. C. Smedale Wawasee (Address)

Religion of the Deceased Presbyterian

Birthplace Unknown

Resided in ~~the State~~ Mishawaka 45 (or U. S. or City or County) (Years) (Months)

Place of Death St. Joseph Hospital, Mishawaka

Cause of Death Cerebral Hemorrhage

Contributory Causes

Certifying Physician Dr. C. J. Sterbals (or Coroner)

His Address Mishawaka, Ind

Name of Father (Unknown) Bowes

His Birthplace Unknown

Maiden Name of Mother Unknown

Her Birthplace Unknown

Motor Ship } Remains to

Size of Casket 6/3 Drytone Plush Eggshell Int (State Color and Number)

Manufactured by: M. E. Gunny Co.

Cemetery ~~Crematory~~ } Oak Park

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$		
Casket		250	00
Burial Vault or Box		75	00
Embalming Body (State Kind)			
(Name of Embalmer)			
Barber, $	Hair Dressing, $		
Dressing Body, $	Underwear, $		
Suit or Dress (State Kind and Color)			
Slippers, $	Hose, $		
Folding Chairs, $	Tarpaulin, $		
Candelabrum, $	Candles, $		
Door Spray, $	Gloves, $		
Funeral Car, $	Ambulance, $		
Limousines to Cemetery	@ $		
Extra Limousines	@ $		
Autos to R. R. Station	@ $		
Getting Remains from Mishawaka			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit (State Number and District)			
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)			
Pall Bearer Service, $	Use of Chapel, $		
Gross Total for Sales Tax	$		
Outlay for Lot			
Cremation			
Flowers, $	Palms, $	Matting, $	
Rental of Tent, $	of Temporary Vault, $		
Opening of Grave or Tomb			
Lining Grave, $	Lowering Device, $		
Outlay for Shipping Charges			
Clergyman, $	Singers, $	Organist, $	
Railroad or Motor } Tickets, $	Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service			
line Death Notices in 1 Papers			
(Names of Newspapers)			
Sales Tax			
Total Footing of Bill	$	325	00
Less	$		
Balance	$		

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	July 26 49	" Check	$325 00	$ —
	" "	$	$		" "	$	$
	" "	$	$		" Pd. in full	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

RECORD OF FUNERAL

Total No. 21 Yearly No. 19 Date of Entry August 6 1949

Name of Deceased Billy Lynn Longnecker (What Race) W

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence:

☐Husband ☐Wife ☐Widow or Child of } Walter & Katherine Longnecker

Age of Husband or Wife (if living) Years

Charge to: Walter Longnecker

Address: Ligonier Ind

Order given by: Walter Longnecker (or informant)

How Secured:

If Veteran, State War:

Occupation: (Social Security Number)

Employer and Address:

Date of Death Aug. 5, 1949 (Date) 6 PM (Hour)

Date of Birth Aug. 5, 1949

Age: Stillborn (Years) (Months) (Days)

Date of Funeral 8/6/49 (Date) Sat. (Day of Week) M. (Hour)

Services at: Home

Clergyman: None (Address)

Religion of the Deceased:

Birthplace: Lucky Hospital

Resided in the State: (or U.S. or City or County) (Years) (Months)

Place of Death: Lucky Hospital

Cause of Death: Premature Separation of placenta

Contributory Causes:

Certifying Physician: Dr. D.T. Stultz (or Coroner)

His Address: Ligonier, Ind

Name of Father: Walter Longnecker

His Birthplace: Indiana

Maiden Name of Mother: Katherine Stover

Her Birthplace: Indiana

Motor / Ship } Remains to:

Size of Casket: 24" Lambkin (State Color and Number)

Manufactured by: M. E. Burney Co.

Cemetery / Crematory } Indian Village

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 35	00
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from:		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
... line Death Notices in ... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	
Less	$	
Balance	$	
Entered into Ledger, page ... or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Aug 7 49	" Cash	$ 35 00	$
	" "	$	$		" "	$	$
	" "	$	$		" P.I. on fact	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No. 22 Yearly No. 20 Date of Entry August 12 1919

Name of Deceased Anna Le Count White
☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence Perry Township ☐Husband ☐Wife ☑Widow of William Le Count
Age of Husband or Wife (if living) ..... Years

Charge to: Children

Address

Order given by Anna Le Count (or informant)

How Secured

If Veteran, State War

Occupation Home wife (Social Security Number)

Employer and Address

Date of Death August 11, 1919 11:50 PM (Date) (Hour)

Date of Birth May 7, 1867

Age 52 (Years) 3 (Months) 4 (Days)

Date of Funeral 8/14/19 (Date) Sunday (Day of Week) 2 P.M. (Hour)

Services at L. H. Moan Funeral Home

Clergyman Rev. Mark R. Spaeth (Address)

Religion of the Deceased Christian Congregational

Birthplace Indiana

Resided in the State 52 (or U. S. or City or County) (Years) 3 (Months)

Place of Death Home Campbells

Cause of Death Hypostatic Pneumonia

Contributory Causes Malnutrition

Paraplegia

Certifying Physician Dr. J. B. Schutt (or Coroner)

His Address Logansport, Indiana

Name of Father Henry Schottenbach

His Birthplace Germany

Maiden Name of Mother Ellen Davis

Her Birthplace Unknown

Motor Ship } Remains to

Size of Casket 4/6 Blend Copper Tone (State Color and Number)

Manufactured by: Wm. E. Burns Co.

Cemetery Crematory } Logansport

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket		575 00
Burial Vault or Box (State Kind)		75 00
Embalming Body (Name of Embalmer)		
Barber, $ ✓ Hair Dressing, $ ✓		
Dressing Body, $ ✓ Underwear, $ ✓		
~~Suit or~~ Dress (State Kind and Color)		18 00
Slippers, $ Hose, $ ✓		
Folding Chairs, $ ✓ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ ✓ Ambulance, $		
Limousines to Cemetery ✓ @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit ✓ (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or ~~Tomb~~ ✓		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ✓ Singers, $ Organist, $		
Railroad or Motor } Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ✓		
line Death Notices in 2 Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	668 00
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment Paid	$	$
	" "	$	$	Aug. 20.		$127 26	$540 74
	" "	$	$		" "	$	$
	" "	$	$	Sept 28	Balance	$	$
	" "	$	$		" " Check	$540 74	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

RECORD OF FUNERAL

Total No. 23 Yearly No. 21 Date of Entry Oct 21 19 49

Name of Deceased Gladys Burl Rodgers White
(☒ Married ☐ Single ☐ Widowed ☐ Divorced) (What Race)

Residence: Sparta Twp. Kimmell, Ind. (☒ Husband ☐ Wife ☐ Widow) or ..... of Harry Rodgers
Age of Husband or Wife (if living) ..... Years

Charge to: Harry Rodgers

Address: Kimmell Ind

Order given by: Harry Rodgers (or informant)

How Secured: Phone

If Veteran, State War

Occupation: Housewife (Social Security Number)

Employer and Address

Date of Death: Oct 15 - 49 (Date) 9:30 (Hour)

Date of Birth: Sept 3 - 1864

Age: 65 (Years) 1 (Months) 12 (Days)

Date of Funeral: Oct 18 (Date) Tues (Day of Week) 2 P.M. (Hour)

Services at: M.E. Church

Clergyman: Rev. W. C. Truesdale (Address)

Religion of the Deceased: M.E.

Birthplace: Cromwell Ind.

Resided in the State: 65 yrs. (or U. S. or City or County) (Years) (Months)

Place of Death: Home

Cause of Death: Coronary Occlusion

Contributory Causes

Certifying Physician: Wm. J. R. Rauth (or Coroner)

His Address: Wolf Lakes Ind

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size of Casket: 6'2 Silver Riviera (State Color and Number)

Manufactured by: M. E. Supply Co

Cemetery / Crematory } Sparta

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	295 00
Casket		~~75~~
Burial Vault or Box (State Kind)		75 00
Embalming Body (Name of Embalmer)	✓	
Barber, $ ..... Hair Dressing, $	✓	
Dressing Body, $ ✓ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ✓ Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ✓ Ambulance, $		
Limousines to Cemetery ✓ @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	✓	
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ✓ Palms, $ ..... Matting, $		10 00
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or ~~Tomb~~	✓	
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ✓ .... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service	✓	
.... line Death Notices in 2 .... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	380 00
Less	$	
Balance	$	~~380~~ 00

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment check	$ 100 00	$ 280 00
	" "	$	$		Oct 31 - 49 By check	$	$ 8 85 discount
	" "	$	$		Nov 8 "	$ 271 15	$ 271 15
	" "	$	$		" "	$	$
	" "	$	$		" " Paid in full	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No. 24 Yearly No. 24 Date of Entry Nov. 5-1949 19 49

Name of Deceased Carol Rae Wolf (What Race) White

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence

☐ Husband ☐ Wife ☐ Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Marion Wolf

Address Cromwell, Ind.

Order given by Marion Wolf (or informant)

How Secured Call at funeral Home

If Veteran, State War

Occupation (Social Security Number)

Employer and Address

Date of Death Nov. 5, 1949 (Date) (Hour)

Date of Birth Nov. 5, 1949

Age 0 (Years) 0 (Months) 0 (Days)

Date of Funeral Nov. 5, 1949 (Date) (Day of Week) (Hour) M.

Services at: Townsville

Clergyman: ✓ (Address)

Religion of the Deceased

Birthplace Lucky Hospital

Resided in the State (or U. S. or City or County) 0 (Years) 0 (Months)

Place of Death Lucky Hospital

Cause of Death Still Born

Contributory Causes

Certifying Physician Dr. Harold Lucky (or Coroner)

His Address Wolf Lake Ind.

Name of Father Marion Wolf

His Birthplace Indiana

Maiden Name of Mother Barbra Sue Archer

Her Birthplace Indiana

Motor / Ship } Remains to

Size of Casket 24" Lumberite (State Color and Number)

Manufactured by: Sp. Co. Shawnee

Cemetery / Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket		
Burial Vault or Box (State Kind)		35 00
Embalming Body (Name of Embalmer) ✓		
Barber, $ ..... Hair Dressing, $ ✓		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ✓ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ✓ ..... Ambulance, $		
Limousines to Cemetery ✓ @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
..... line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	35 00
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$ -
	By Payment	$	$		By Payment Paid in Full	$	$ 35 00
	" "	$	$		" Nov 5-49	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

RECORD OF FUNERAL

Total No. 25 Yearly No. 23 Date of Entry Nov. 25 1949

Name of Deceased John Fremont Moore (What Race: white)

☐ Married ☐ Single ☑ Widowed ☐ Divorced

Residence: Cromwell, Ind.

☑ Husband ☐ Wife ☐ Widow } or ..... of } Viola Age of Husband or Wife (if living) ..... Years

Charge to: Mrs. Dane Smith

Address: Cromwell, Ind.

Order given by: Mrs. Dane Smith (or informant)

How Secured: :

If Veteran, State War

Occupation: Retired farmer

Employer and Address

(Social Security Number)

Date of Death: Nov. 22, 1949 (Date) 7 A.M. (Hour)

Date of Birth: May 14, 1856

Age: 93 (Years) 6 (Months) 8 (Days)

Date of Funeral: 11-25-49 (Date) Friday (Day of Week) 2 P.M. (Hour)

Services at: L. A. Moore Funeral Home

Clergyman: Rev. Bowater, Hamlet (Address)

Religion of the Deceased: Lutheran

Birthplace: Kosciusko County

Resided in the State: Entire life (or U. S. or City or County) (Years) (Months)

Place of Death: MacDonald Hospital

Cause of Death: Uremia

Contributory Causes: S. Trop. Thrombosis

Certifying Physician: Dr. S. Statler (or Coroner)

His Address: North Webster, Ind.

Name of Father: Wildman Moore

His Birthplace: Ohio

Maiden Name of Mother: Catherine Weaver

Her Birthplace: Ohio

Motor / Ship } Remains to

Size of Casket: 6/6 Golden bronze 20 gauge metal (State Color and Number)

Manufactured by: Hammond Casket Co.

Cemetery / Crematory } Oak Park

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket		615 00
Burial Vault or Box		75 00
Embalming Body (State Kind)		
(Name of Embalmer)		
Barber, $ ~ Hair Dressing, $		
Dressing Body, $ ~ Underwear, $		
Suit or Dress (State Kind and Color)		27 50
Slippers, $ Hose, $		
Folding Chairs, $ ~ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ ~ Ambulance, $		
Limousines to Cemetery ~ @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from MacDonald Hosp.		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit ~ (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot:		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ ~ of Temporary Vault, $		
Opening of Grave or Tomb X		25 00
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ Singers, $ Organist, $		
Railroad / Motor } Tickets, $ Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
line Death Notices in 1 Papers		
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	742 50
Less disc.	$	18 45
Balance	$	724 05

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		Paid in full By check	$ 724 05	$
	" "	$	$		" Dec. 3-49	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

RECORD OF FUNERAL

Total No. 26 Yearly No. 1 Date of Entry February 16 1950

Name of Deceased Jennie Maybell Swager (What Race) white

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: Cromwell, Ind. ☐Husband ☑Wife ☐Widow } Milton Swager

or ..... of } Age of Husband or Wife (if living) 20 Years

Charge to: William F. Swager

Address: Air Surgeons Office Washington D.C.

Order given by: William F. Swager (or informant)

How Secured: Telephone

If Veteran, State War

Occupation: Housewife (Social Security Number)

Employer and Address

Date of Death: February 16, 1950 (Date) (Hour)

Date of Birth: January 21, 1881

Age: 68 (Years) 0 (Months) 25 (Days)

Date of Funeral 2-19-50 (Date) Sunday (Day of Week) 2 P.M. (Hour)

Services at: H. Moon Funeral Home

Clergyman: Rev. Frank Argelander (Address)

Religion of the Deceased: Methodist

Birthplace: Illinois

Resided in the State 35 (or U. S. or City or County) (Years) (Months)

Place of Death: Home

Cause of Death: Terminal uremia

Contributory Causes: Metastatic Carcinoma Rheumatic Heart Disease

Certifying Physician: Dr. W. L. Harlan (or Coroner)

His Address: Cromwell, Ind.

Name of Father: William Barker

His Birthplace: Illinois

Maiden Name of Mother: Mary Ann Sexton

Her Birthplace: Illinois

Motor / Ship } Remains to

Size of Casket 6/6 23 Cappstone Suver # (State Color and Number)

Manufactured by: M. E. Gurney

Cemetery / Crematory } Oak Park

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket		520 00
Burial Vault or Box (State Kind)		75 00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from: Home		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
... line Death Notices in 4 Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	595 00
Less Insurance D# 15.60	$	15 60
Balance	$	579 40

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		Paid in Full	$	$
	" "	$	$		" March	$ 579 40	$ —
	" "	$	$		" 18-50	$	$
	" "	$	$		" "	$	$
	" "	$	$		" " BM	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

RECORD OF FUNERAL

Total No. 27 Yearly No. 2 Date of Entry February 24 1950

Name of Deceased Alma Luella Morris (What Race) white

☐ Married ☐ Single ☑ Widowed ☐ Divorced

Residence: Cromwell, Ind. ☐Husband ☐Wife ☑Widow of John C. Morris

Charge to: Estate Age of Husband or Wife (if living) ..... Years

Address

Order given by Arthur Morris (or informant)

How Secured: Telephone

If Veteran, State War

Occupation Retired Housewife (Social Security Number)

Employer and Address

Date of Death Feb. 23, 1950 (Date) 11.27 PM (Hour)

Date of Birth Jan. 27, 1864

Age 86 (Years) 0 (Months) 26 (Days)

Date of Funeral 2-26-50 (Date) Sunday (Day of Week) 1:30 P.M. (Hour)

Services at L. N. Moore Funeral Home

Clergyman: Rev. Frank Argelander (Address)

Religion of the Deceased M. E.

Birthplace Indiana

Resided in the State Entire life (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death: Cerebral Hemorrage

Contributory Causes Arteriosclerosis

Certifying Physician Dr. R. F. Shultz (or Coroner)

His Address: Ligonier, Ind.

Name of Father Unknown

His Birthplace

Maiden Name of Mother Elizabeth Davault

Her Birthplace Indiana

Motor / Ship } Remains to

Size of Casket 6/6 Solid Black Walnut (State Color and Number)

Manufactured by: New Castle Casket Co.

Cemetery / ~~Crematory~~ } Rose

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) $		
Casket	680	00
Burial Vault or Box (State Kind)	75	00
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from Home		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot:		
Cremation		
Flowers, $20 Palms, $ Matting, $	20	00
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb	15	00
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $10 Singers, $ Organist, $	20	00
Railroad / Motor } Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced	12	98
Out of town Undertaker's Charges		
Personal Service		
line Death Notices in 3 Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill $	822	98
Less $		
Balance $		
Entered into Ledger, page or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment May 3 50	$822 98	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" " Paid in full	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

28

RECORD OF FUNERAL

Total No. 28 Yearly No. 3 Date of Entry March 11 1950

Name of Deceased Freeda Bell Johnston Hancock White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Kimmell, Indiana ☑ Husband ☐ Wife ☐ Widow of Mrs. Hancock

Age of Husband or Wife (if living) ..... Years

Charge to: Mrs. Hancock

Address Kimmell, Indiana

Order given by Earl Johnson (or informant)

How Secured: Telephone

If Veteran, State War —

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death March 8 (Date) 4:20 (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral March 11 (Date) Sat (Day of Week) 2 P.M. (Hour)

Services at: Sparta, Church

Clergyman: Rev. Spacht, Kimmell (Address)

Religion of the Deceased

Birthplace Noble County

Resided in the State 43 (or U. S. or City or County) (Years) (Months)

Place of Death Home, Kimmell Ind.

Cause of Death: Carcinoma of the Lungs

Contributory Causes

Certifying Physician Wm. J. B. Schutt (or Coroner)

His Address: Syracuse, Ind.

Name of Father Thomas Johnston

His Birthplace Indiana

Maiden Name of Mother Kitty Barnes

Her Birthplace Indiana

Motor / Ship } Remains to

Size of Casket 6/6 x 2.3 Oak (State Color and Number)

Manufactured by: M. E. Barney

Cemetery / Crematory } Sparta

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket		455 00
Burial Vault or Box (State Kind)		75 00
Embalming Body		
Barber, $ — Hair Dressing, $ (Name of Embalmer)		
Dressing Body, $ — Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ — Hose, $		
Folding Chairs, $ — Tarpaulin, $		
Candelabrum, $ — Candles, $		
Door Spray, $ — Gloves, $		
Funeral Car, $ — Ambulance, $		
Limousines to Cemetery — @ $		
Extra Limousines — @ $		
Autos to R. R. Station — @ $		
Getting Remains from: Home		
Taking Remains to: Home		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, $ — Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot:		
Cremation		
Flowers, $ — Palms, $ — Matting, $		
Rental of Tent, $ — of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ — Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ — Singers, $ — Organist, $		5 00
Railroad or Motor } Tickets, $ — Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
line Death Notices in 2 Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	535 00
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date			Amount Paid	Balance
3/11	50	To Above Balance	20 00	$ 425 00
9/9	50	By Payment	$ 10 00	$ 415 00
10/10	50	" "	$ 15 00	$ 400 00
11/7	50	" "	$ 10 00	$ 390 00
12/12	50	" "	$ 10 00	$ 380 00
1/9	51	" "	$ 8 00	$ 372 00
2/13	51	" "	$ 15 00	$ 357 00
3/13	51	" "	$ 10 00	$ 347 00
4/10/51		Insurance $		
5/12/51		Insurance $		
6/16/51		Insurance $		
7/16/51		Insurance $		

Date			Amount Paid	Balance
		To Balance Forward		$
		By Payment	$	$
		Cash March 11-50	$ 50 00	$ 485 00
		" 4-4-50	$ 10 00	$ 475 00
		" 5-9-50	$ 10 00	$ 465 00
		" 6-9-50	$ 10 00	$ 455 00
		" 7-7-50	$ 10 00	$ 445 00
		M. Order 9-4-50	$ 10 00	$ 435 00
		Names of Lodges	10 00	335 00
			20 00	315 00
			17 00	300 00
			15 00	285 00

Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

RECORD OF FUNERAL

Total No. 29 Yearly No. 4 Date of Entry May 19 1950

Name of Deceased Mary E. Hull (What Race) White

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence: Cromwell, Ind. ☐Husband ☐Wife ☐Widow or Asst. of Harvey E. Hull

Age of Husband or Wife (if living) ..... Years

Charge to: Estate

Address

Order given by Harvey E. Hull (or informant)

How Secured: Telephone

If Veteran, State War

Occupation (Social Security Number)

Employer and Address

Date of Death May 19, 1950 (Date) 1:05 PM (Hour)

Date of Birth July 15, 1867

Age 82 (Years) 10 (Months) 4 (Days)

Date of Funeral 5/21/50 (Date) Sunday (Day of Week) 2 P.M. (Hour)

Services at: L. H. Moore Funeral Home

Clergyman: Rev. Frank Angelander (Address)

Religion of the Deceased Unknown Burnsell

Birthplace Noble Co. Ind.

Resided in the State (or U. S. or City or County) 82 (Years) 10 (Months)

Place of Death Cromwell, Ind.

Cause of Death: Fracture Rt. Hip

Contributory Causes Senile Osteoporosis

Certifying Physician Dr. W. L. Harlan (or Coroner)

His Address: Ligonier, Ind.

Name of Father Harvey Hull

His Birthplace Ohio

Maiden Name of Mother Sarah Wright

Her Birthplace Ohio

Motor Ship } Remains to

Size of Casket 6/6-23 Gold Blue Bronze (State Color and Number) 20 gauge

Manufactured by: Kanemen Casket Co.

Cemetery Crematory } Indian Village

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket		645 00
Burial Vault ~~or Box~~		75 00
Embalming Body (State Kind)		
Barber, $ ..... Hair Dressing, $ (Name of Embalmer)		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from Home		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot:		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ ..... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
..... line Death Notices in 3 Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	720 00
Less	$	19 35
Balance	$	700 65

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment		$		By Payment	$700 65	$
	" "		$		" "		$
	" "		$		Flair Fault		$
	" "		$		6/14/50		$
	" "		$		" 2 PM		$
	" "		$		" "		$

Insurance $ ..... Names of Lodges ..... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

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RECORD OF FUNERAL

Total No. 30 Yearly No. 5 Date of Entry May 30 1950

Name of Deceased Charles R. Feldkeiser White

☑ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Sparta Township ☑ Husband ☐ Wife ☐ Widow } of Lavega

Age of Husband or Wife (if living) 57 Years

Charge to: D. Lavega Feldkeiser

Address: Cromwell, Ind. R.R. #1

Order given by D. Lavega Feldkeiser (of informant)

How Secured: Telephone

If Veteran, State War

Occupation Farmer & Painter (Social Security Number)

Employer and Address

Date of Death May 30, 1950 8:45 A.M. (Date) (Hour)

Date of Birth April 15

Age 64 (Years) 1 (Months) 15 (Days)

Date of Funeral 6/2/50 Friday 2 P.M. (Date) (Day of Week) (Hour)

Services at D. H. Moore Funeral Home

Clergyman: Rev. J. Francis Mussehl Albion, Ind. (Address)

Religion of the Deceased Lutheran

Birthplace Indiana

Resided in the State Entire life (or U. S. or City or County) (Years) (Months)

Place of Death McCray Memorial Hospital Kendallville Ind.

Cause of Death: Cerebral Hemorrhage

Contributory Causes

Certifying Physician Dr. J. R. Nash (or Coroner)

His Address: Albion, Indiana

Name of Father Peter Feldkeiser

His Birthplace Germany

Maiden Name of Mother Loretta May Perles

Her Birthplace Indiana

Motor Ship } Remains to

Size of Casket 6/6 x 23 Golden Bronze metal (State Color and Number)

Manufactured by: Kamman Casket Co.

Cemetery Crematory } Sparta

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket		620 00
Burial Vault or Box (State Kind)		75 00
Embalming Body ✓ (Name of Embalmer)		
Barber, $ ✓ Hair Dressing, $		
Dressing Body, $ ✓ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ ✓ Gloves, $		
Funeral Car, $ ✓ Ambulance, $ ✓		
Limousines to Cemetery ✓ @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from Kendallville Hosp.		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit ✓ (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $ ✓		
Gross Total for Sales Tax	$	
Outlay for Lot:		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ Singers, $ Organist, $		
Railroad or Motor } Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ✓		
line Death Notices in 3 Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	695 00
Less	$	18 30
Balance	$	676 70

Entered into Ledger, page or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" " 6/16/50	$676 70	$ —
	" "	$	$		" "	$	$
	" "	$	$		" Pd. in full	$	$
	" "	$	$		" " J.W.M.	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

Form OA-C721
10-46

Form approved.
Budget Bureau No. 72-R283.

FEDERAL SECURITY AGENCY

SOCIAL SECURITY ADMINISTRATION

BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

We have been informed that you rendered the last services to the wage earner named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope which requires no postage.

Charles Royal Feldheiser
(Name of deceased wage earner)

315-09-5159
(Account number)

ENCLOSURE:

(You may detach here and save top portion for your files)

RECORD OF FUNERAL

Total No. 31 Yearly No. 6 Date of Entry June 3 1950

Name of Deceased Ella May Giles White
☐ Married ☐ Single ☐ Widowed ☑ Divorced (What Race)

Residence: Kimmell, Ind. ☐Husband ☑Wife ☐Widow } Hayden Giles
or ..... of } Age of Husband or Wife (if living) 92 Years

Charge to: Mrs. Bessie Spacht

Address Kimmell, Ind.

Order given by Mrs. Bessie Spacht (or informant)

How Secured: Telephone

If Veteran, State War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death June 3, 1950 (Date) 11:15 AM (Hour)

Date of Birth Feb. 14, 1860

Age 90 (Years) 3 (Months) 19 (Days)

Date of Funeral 6/6/50 (Date) Tuesday (Day of Week) 1 P.M. (Hour)

Services at: Lewis Funeral Home, Lima, O.

Clergyman: Rev. Frank Argabander 1. W. Thomas (Address)

Religion of the Deceased Christian

Birthplace Ohio

Resided in the State 7 (or U. S. or City or County) (Years) (Months)

Place of Death Kimmell, Ind.

Cause of Death: Fracture of Hip - Left

Contributory Causes: Generalized Arteriosclerosis

Certifying Physician Dr. W. L. Harlan (or Coroner)

His Address: Logansport, Ind.

Name of Father Benjamin Underwood

His Birthplace Ohio

Maiden Name of Mother Lucinda Coats

Her Birthplace Ohio

Motor / Ship } Remains to Lima, Ohio

Size of Casket Name Used (State Color and Number)

Manufactured by:

Cemetery / Crematory } Salem, West Mineola, Ohio

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		35 00
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		10 00
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		5 00
Gross Total for Sales Tax	$	
Outlay for Lot:		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / or Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ... k		
... line Death Notices in 1 ... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	50 00
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment cash	$ 50 00	$ —
	" "	$	$		" "	$	$
	" "	$	$		" Pd in full	$	$
	" "	$	$		" "	$	$
	" "	$	$		" 6/3/50	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

32

RECORD OF FUNERAL

Total No. 32 Yearly No. 7 Date of Entry July 4, 1950 19....

Name of Deceased Hayden W. Gibbs (What Race) White

☒ Married ☐ Single ☒ Widowed ☐ Divorced

Residence: Kinnaird, Ind. ☑ Husband ☐ Wife ☐ Widow } or Widower of } Ella Mae Gibbs

Age of Husband or Wife (if living) ..... Years

Charge to: Harry Lewis

Address: Lewis, Ohio

Order given by Mrs. Mark B. Sprouse (or informant)

How Secured: Telephone

If Veteran, State War

Occupation: Retired (Social Security Number)

Employer and Address

Date of Death: July 5, 1950 (Date) 1:25 P.M. (Hour)

Date of Birth: Dec. 1, 1857

Age: 92 (Years) 7 (Months) 4 (Days)

Date of Funeral: 7/8/50 (Date) Sat. (Day of Week) 2 P.M. (Hour)

Services at: Lewis Funeral Home, Lewis, O.

Clergyman: (Address)

Religion of the Deceased: Christian

Birthplace: Va.

Resided in the State: (or U. S. or City or County) (Years) 2 (Months)

Place of Death: Kinnaird, Ind.

Cause of Death: Cerebral Arteriosclerosis

Contributory Causes:

Certifying Physician: Dr. W. L. Harlan (or Coroner)

His Address: Legonier

Name of Father: John Gibbs

His Birthplace: Va.

Maiden Name of Mother: Mary Engle

Her Birthplace: Va.

Motor / Ship } Remains to: Lewis, Ohio

Size of Casket: (State Color and Number)

Manufactured by:

Cemetery / Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		35 00
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.... line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	35 00
Less	$	
Balance	$	
Entered into Ledger, page ..... or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$		Paid 22.50	$	$ 35 00
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Form OA-C721
10-46

Form approved.
Budget Bureau No. 72-R283.

FEDERAL SECURITY AGENCY

SOCIAL SECURITY ADMINISTRATION

BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

We have been informed that you rendered the last services to the wage earner named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope which requires no postage.

Moore Funeral Home
Cromwell, Indiana

William F. Kappele
(Name of deceased wage earner)

317-10-8238
(Account number)

ENCLOSURE:

(You may detach here and save top portion for your files)

RECORD OF FUNERAL

Total No. 33 Yearly No. 8 Date of Entry July 10 1950

Name of Deceased William Francis Kappler White
☑ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Cromwell, Indiana ☑ Husband ☐ Wife ☐ Widow } Mary C. 68
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Children

Address

Order given by Mrs. W. J. Copson (or informant)

How Secured Telephone Call by Vern Hussey

If Veteran, State War

Occupation Steel worker 317-10-8238 (Social Security Number)

Employer and Address

Date of Death July 7, 1950 (Date) 9:00 AM (Hour)

Date of Birth July 29, 1879

Age 70 (Years) 11 (Months) 16 (Days)

Date of Funeral 7/10/50 (Date) Monday (Day of Week) 2 P.M. (Hour)

Services at L. L. Moore Funeral Home

Clergyman Rev. Harry Myers Cromwell (Address)

Religion of the Deceased Lutheran

Birthplace Hamilton-Ontario, Canada

Resided in the State 45 (or U. S. or City or County) (Years) (Months)

Place of Death Cromwell, Ind.

Cause of Death: Coronary occlusion

Contributory Causes Coronary arteriosclerosis

Certifying Physician Dr. W. L. Harlan (or Coroner)

His Address Ligonier, Ind.

Name of Father Edward Kappler

His Birthplace New York

Maiden Name of Mother Harriett Brunell

Her Birthplace London England

Motor Ship } Remains to

Size of Casket 6/6-23 (State Color and Number) Silvertone Steel

Manufactured by M. E. Hussey

Cemetery Crematory } Lyndon

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket		527 00
Burial Vault or Box		75 00
Embalming Body (State Kind)		
(Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from Home		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		35 00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		15 00
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		10 00
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
... line Death Notices in 3 ... Papers		5 25
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	667 25
Less	$	
Balance	$	651 44

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	7/25 50	" By check	$ 651 44	$
	" "	$	$		" "	$	$
	" "	$	$		" Pd in full	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

36

RECORD OF FUNERAL

Total No. 34 Yearly No. 9 Date of Entry Sept 16 1950

Name of Deceased Chauncey Earl Hull W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 3176 Lakeview Ave., Detroit ☐ Husband ☐ Wife ☐ Widow or ..... of Cecile Hull

Age of Husband or Wife (if living) ..... Years

Charge to: Estate

Address

Order given by Mrs. Cecile Hull (or informant)

How Secured

If Veteran, State War

Occupation Machinist (Social Security Number)

Employer and Address Budd Mfg. Co.

Date of Death Sept. 16, 1950 1:00 P.M. (Date) (Hour)

Date of Birth Jan. 25, 1891

Age 59 (Years) 7 (Months) 20 (Days)

Date of Funeral Sept. 18, 1950 Mon. 2 P.M. (Date) (Day of Week) (Hour)

Services at Ft. Moon Funeral Home

Clergyman: Freeman Friendship W. Va. (Address)

Religion of the Deceased M. E.

Birthplace Cromwell, Ind.

Resided in the State Mich 35 (or U. S. or City or County) (Years) (Months)

Place of Death Kinderhook, Mich.

Cause of Death Coronary Thrombosis

Contributory Causes

Certifying Physician Coroner — Branch Co., Mich. (or Coroner)

His Address

Name of Father Smith Thomas Hull

His Birthplace

Maiden Name of Mother Clara Bell Rodabaugh

Her Birthplace

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by: K. M. C. Gurney Casket Co.

Cemetery Crematory } Oak Park

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket		546 00
Burial Vault or Box		75 00
Embalming Body ✓ (State Kind) (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or ~~Dress~~ (State Kind and Color)		25 00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from Cold Water, Mich.		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit ✓ (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $ ✓		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
2 Line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	646 00
Less	$	16 38
Balance	$	629 62
Entered into Ledger, page ..... or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		Paid in Full		629 62
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

RECORD OF FUNERAL

Total No. 35 Yearly No. 10 Date of Entry Sept 30 1950

Name of Deceased Freda Taylor White
(What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: Lake Wawasee

☐ Husband ☑ Wife ☐ Widow } Ivan Taylor
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Ivan Taylor

Address: Lake Wawasee

Order given by Ivan Taylor
(or informant)

How Secured

If Veteran, State War

Occupation Housewife
(Social Security Number)

Employer and Address

Date of Death Sept 24, 1950 10:55 P
(Date) (Hour)

Date of Birth Feb 9, 1901

Age 49 (Years) 7 (Months) 15 (Days)

Date of Funeral Oct 1, 1950 Sun 2 P.M.
(Date) (Day of Week) (Hour)

Services at L. H. Moon Funeral Home

Clergyman Rev Harry Myers
(Address)

Religion of the Deceased Lutheran

Birthplace Elroy Wisconsin

Resided in the State 29
(or U. S. or City or County) (Years) (Months)

Place of Death Tampa, Fla

Cause of Death Uremic Poisoning

Contributory Causes Carcinoma

Certifying Physician Unknown
(or Coroner)

His Address

Name of Father Anton Larson

His Birthplace Unknown

Maiden Name of Mother Mary

Her Birthplace Unknown

Motor / Ship } Remains to

Size of Casket Batesville Monsanal
(State Color and Number)

Manufactured by Batesville Casket Co.

Cemetery / ~~Crematory~~ } Sparta

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	75 00
Casket		
Burial Vault or Box (State Kind)		75 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
..... /		
.... line Death Notices in ..... Papers		
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	150 00
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	10/9 50	By Payment	$ 150 00	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Paid in full
Oct 9 50

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

36

RECORD OF FUNERAL

Total No. 36 Yearly No. 11 Date of Entry November 2 1950

Name of Deceased Daniel R. Galloway White
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Cromwell Ind. R. R. #1 ☐Husband ☐Wife ☐Widow or widower of Emma [illegible] Galloway Age of Husband or Wife (if living) ..... Years

Charge to Louis Clabaugh & Eva Carnick

Address Cromwell, Ind. R. R. #1

Order given by Both (or informant)

How Secured: Telephone

If Veteran, State War

Occupation Retired farmer (Social Security Number)

Employer and Address

Date of Death Oct. 31, 1950 (Date) 6:30 P.M. (Hour)

Date of Birth Sept. 17, 1867

Age 83 (Years) 1 (Months) 14 (Days)

Date of Funeral 11/3/50 (Date) Friday (Day of Week) 2 P.M. (Hour)

Services at: Broadway Christian Church

Clergyman: Rev. John Hartman Topeka (Address)

Religion of the Deceased Protestant

Birthplace Noble Co. Indiana

Resided in the State 83 1 (or U. S. or City or County) (Years) (Months)

Place of Death Mrs. Eva Carnick

Cause of Death Cerebral Hemorrhage

Contributory Causes Arteriosclerosis

Certifying Physician Dr. R. P. Shultz (or Coroner)

His Address: Topeka Ind.

Name of Father James Galloway

His Birthplace Unknown

Maiden Name of Mother Rachael Rohrer

Her Birthplace Unknown

Motor Ship } Remains to

Size of Casket 6/6 Princess Coppertone - steel (State Color and Number)

Manufactured by: M. E. Harney Co.

Cemetery Crematory } Sparta

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket		721 00
Burial Vault or Box		75 00
Embalming Body (State Kind)		
(Name of Embalmer)		
Barber, $ ✓ Hair Dressing, $		
Dressing Body, $ ✓ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ ✓ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ ✓ Ambulance, $		
Limousines to Cemetery ✓ @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from Home of Eva Carnick		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit ✓ (State Number and District)		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, $ Use of Chapel, $ ✓ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ Singers, $ Organist, $		
Railroad or Motor } Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
[illegible]		
[illegible] line Death Notices in 3 Papers		
(Names of Newspapers)		
[illegible]		
[illegible]		
Sales Tax		
Total Footing of Bill	$	796 00
Less	$	21 63
Balance	$	774 37

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" Paid in Full	$	$
	" "	$	$		"	$ 774 37	$
	" "	$	$		"	$	$
	" "	$	$		" 11/8	$ 50	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

RECORD OF FUNERAL

Total No. 37 Yearly No. 12 Date of Entry December 5 1950

Name of Deceased David C. Hooper White

☑ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Cromwell, R. R. #1 ☑ Husband ☐ Wife ☐ Widow or ..... of Cora Hooper

Age of ~~Husband~~ or Wife (if living) 73 Years

Charge to: Cora Hooper

Address: Cromwell, Ind. R. R. #1

Order given by: Cora Hooper (or informant)

How Secured:

If Veteran, State War:

Occupation: Retired farmer (Social Security Number)

Employer and Address:

Date of Death: Dec. 3, 1950 (Date) 9:45 P.M. (Hour)

Date of Birth: March 27, 1869

Age: 81 (Years) 8 (Months) 6 (Days)

Date of Funeral: 12/6/50 (Date) Wednesday (Day of Week) 2 P.M. (Hour)

Services at: Indian Village M. E. Church

Clergyman: Rev. William Wood (Address)

Religion of the Deceased: Protestant

Birthplace: Indiana

Resided in the State: 81 (or U.S. or City or County) (Years) 8 (Months)

Place of Death: Sparta Township, Noble Co.

Cause of Death: Massive cerebral hemorrhage

Contributory Causes:

Certifying Physician: Dr. James Roth (or Coroner)

His Address: Wolf Lake, Ind.

Name of Father: Jacob Hooper

His Birthplace: Unknown

Maiden Name of Mother: Mary Kohen

Her Birthplace: Unknown

Motor / Ship } Remains to:

Size of Casket: 4/6 - 23 golden Oak (State Color and Number)

Manufactured by: M. E. Burns Co.

Cemetery / ~~Crematory~~ } Indian Village

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket		595 00
Burial Vault or Box		75 00
Embalming Body (State Kind)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or ~~Dress~~ (State Kind and Color)		18 50
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
....line Death Notices in 3 Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	688 50
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$	Dec. 9 50	To Balance Forward	600 00	$ 88 50
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" " Paid in full	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

38

RECORD OF FUNERAL

Total No. 38 Yearly No. 13 Date of Entry December 6 1950

Name of Deceased Fred D. Hempel (White) (What Race)

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Cromwell, Ind. ☑ Husband ☐ Wife ☐ Widow or ..... of Pauline Age of Husband or Wife (if living) 57 Years

Charge to: Pauline Hempel

Address Cromwell, Ind.

Order given by Don Hempel (or informant)

How Secured:

If Veteran, State War

Occupation Mechanic 313-20-0140 (Social Security Number)

Employer and Address Self employed

Date of Death Dec. 5, 1950 (Date) 12:20 AM. (Hour)

Date of Birth Feb. 6, 1899

Age 51 (Years) 9 (Months) 29 (Days)

Date of Funeral 12/7/50 (Date) Thursday (Day of Week) 2 P.M. (Hour)

Services at Cromwell Methodist Church

Clergyman: Rev. K. E. Maynard Cromwell (Address)

Religion of the Deceased Protestant

Birthplace Harvey, N. Dakota

Resided in the State 21 (or U. S. or City or County) (Years) (Months)

Place of Death Emerg. Hospital

Cause of Death subarachnoid hemorrhage

Contributory Causes

Certifying Physician Dr. W. L. Harlan (or Coroner)

His Address Ligonier, Ind.

Name of Father Adam Hempel

His Birthplace Russia

Maiden Name of Mother Caroline Wanner

Her Birthplace Russia

Motor Ship } Remains to

Size of Casket 4/6 Grey metal (State Color and Number)

Manufactured by: M.E. Hanney

Cemetery Crematory } Troy Presbyterian

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket		595 00
Burial Vault or Box (State Kind)		25 00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
... line Death Notices in 3 ... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	670 00
Less	$	17 85
Balance	$	652 15

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Form OA-C721
10-46

Form approved.
Budget Bureau No. 72-R283.

FEDERAL SECURITY AGENCY

SOCIAL SECURITY ADMINISTRATION

BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

We have been informed that you rendered the last services to the wage earner named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope which requires no postage.

Fred D. Heupel
(Name of deceased wage earner)

14
(Account number),

ENCLOSURE:

(You may detach here and save top portion for your files)

RECORD OF FUNERAL

Total No. 39 Yearly No. 14 Date of Entry Dec. 12 1950

Name of Deceased Cora Belle Ray (What Race) white

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence: Indiana Masonic Home ☐ Husband ☐ Wife ☐ Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Mrs. Gertrude DeBruler

Address: Cromwell, Ind.

Order given by: Mrs. Gertrude DeBruler (or informant)

How Secured: Call at F. H.

If Veteran, State War

Occupation: Retired (Social Security Number)

Employer and Address

Date of Death: Dec. 10, 1950 (Date) 5 P.M. (Hour)

Date of Birth: April 6, 1873

Age: 77 (Years) 8 (Months) 4 (Days)

Date of Funeral: 12/12/50 (Date) Tues. (Day of Week) 1:30 P.M. (Hour)

Services at: F. H. Moore Funeral Home

Clergyman: Rev. K. E. Maynard, Cromwell (Address)

Religion of the Deceased: Protestant

Birthplace: Michigan

Resided in the State: 70 (or U. S. or City or County) (Years) (Months)

Place of Death: Ind. Masonic Home

Cause of Death: Carcinoma Stomach

Contributory Causes:

Certifying Physician: Dr. Bill (or Coroner)

His Address: Franklin, Ind.

Name of Father: Wm. R. Ray

His Birthplace: Ohio

Maiden Name of Mother: Mary Suer

Her Birthplace: Indiana

Motor / Ship } Remains to

Size of Casket: Furnished by Masonic Home (State, Color and Number)

Manufactured by:

Cemetery / Crematory } Wolf Lake

Diagram of Lot or Vault

Lot No. 108

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket		
Burial Vault or Box (State Kind)		75 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from Franklin, Ind.		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		60 00
.... line Death Notices in 3 Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	135 00
Less	$	
Balance	$	
Entered into Ledger, page ..... or below.		

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
Dec 12 50	To Balance Forward	135 00	$ —
	By Payment	$	$
	" Paid in full	$	$
	" "	$	$
	" "	$	$
	" "	$	$
12/12/50	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

40

RECORD OF FUNERAL

Total No. 40 Yearly No. 15 Date of Entry Dec. 28 1950

Name of Deceased Herbert LeRoy Maggart (What Race) White

☑ Married ☐ Single ☐ Widowed ☑ Divorced

Residence Logansport R.7. D.

☑ Husband ☐ Wife ☐ Widow or ..... of Betty

Age of Husband or Wife (if living) ..... Years

Charge to: Mrs. Betty Maggart

Address Logansport R.7. D.

Order given by Betty Maggart (or informant)

How Secured:

If Veteran, State War

Occupation Farmer

Employer and Address Self Employed (Social Security Number)

Date of Death December 28, 1950 (Date) 10:15 P.M. (Hour)

Date of Birth May 26, 1878

Age 32 (Years) 7 (Months) 2 (Days)

Date of Funeral 12/31/50 (Date) Sunday (Day of Week) 2 P.M. (Hour)

Services at Calvary Lutheran Church

Clergyman: Rev. Harry Myers (Address)

Religion of the Deceased Protestant

Birthplace Indiana

Resided in the State 32 (or U. S. or City or County) (Years) 7 (Months)

Place of Death Sparta Twp. Cass Co. Ind.

Cause of Death Coronary occlusion

Contributory Causes Hypertension

Certifying Physician Dr. R.T. Stultz (or Coroner)

His Address Logansport Ind.

Name of Father Russell Maggart

His Birthplace Indiana

Maiden Name of Mother Ruth Shook

Her Birthplace Indiana

Motor / Ship } Remains to

Size of Casket 6/6-23 Gray Metal (State Color and Number)

Manufactured by: Kriegel Casket Co.

Cemetery / Crematory } Oak Park

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket		775 00
Burial Vault or Box (State Kind)		75 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from Home		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.... line Death Notices in 3 Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	850 00
Less	$	30 00
Balance	$	820 00

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" " 1/29/51	$ 820 00	$
	" "	$	$		" "	$ Paid in full	$
	" "	$	$		" "	$ [illegible]	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

15.00

Kimmell, Ind., Jan. 3 1951

No 1315

SPARTA CHRISTIAN CHURCH CEMETERY

Received of Lloyd Moore by Maggart check

fifteen and No/00 DOLLARS

for Grave opening Acct of Jan. 1, 1951

On Lot #324 and for

Chas. A. Karchner Dale Gorsuch Sec'y.

RECORD OF FUNERAL

Total No. 41 Yearly No. 16 Date of Entry January 5 1951

Name of Deceased Lucas A. Karchner White

☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence: Noble County Home ☐Husband ☐Wife ☐Widow of

Charge to: Mrs. Robert Maggart Age of Husband or Wife (if living) ..... Years

Address: Albion, Indiana

Order given by: Mrs. Robert Maggart (or informant)

How Secured: Telephone

If Veteran, State War

Occupation: machinist

Employer and Address (Social Security Number)

Date of Death: Dec. 29, 1950 (Date) (Hour)

Date of Birth: Sept. 9, 1863

Age: 87 (Years) 3 (Months) 20 (Days)

Date of Funeral: Jan. 1, 1951 (Date) Mon. (Day of Week) 1:30 P.M. (Hour)

Services at: A. M. Moore Funeral Home

Clergyman: Rev. J. Francis Musselman (Address)

Religion of the Deceased: Protestant

Birthplace: Pennsylvania

Resided in the State: unknown (or U. S. or City or County) (Years) (Months)

Place of Death: Noble County Home

Cause of Death: Acute Myocardial Failure

Contributory Causes

Certifying Physician: Dr. J. R. Nash (or Coroner)

His Address: Albion, Indiana

Name of Father: Samuel Karchner

His Birthplace: Pa.

Maiden Name of Mother: unknown

Her Birthplace

Motor Ship } Remains to

Size of Casket: 6/6 Rose Cedar (State Color and Number)

Manufactured by: M. E. Burney Co.

Cemetery Crematory } Sparta

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) ..... $		
Casket	397	00
Burial Vault or Box (State Kind)	75	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot:		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.... line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill ..... $	472	00
Less 9/11.91 ..... $	11	91
Balance ..... $	460	09
Entered into Ledger, page ..... or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	460 09	$
	By Payment	$	$		By Payment	$ 172 09	$ 272 00
	" "	$	$		1-2-51 PD.	$ 250 00	$ 210 09
	" "	$	$		" "	$	$
	" "	$	$		"Pd in full	$ 460 09	$
	" "	$	$		"	$	$
	" "	$	$		" 2/16/51	$	$
	" "	$	$		"	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

42

RECORD OF FUNERAL

Total No. 47 Yearly No. 1 Date of Entry Jan. 5 1951

Name of Deceased Lena Colbeck White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Starta Twp. Noble Co. ☐Husband ☒Wife ☐Widow or ..... of } Milo Colbeck

Age of Husband or Wife (if living) ..... Years

Charge to: Milo Colbeck

Address: Syracuse, Ind. R 7 1/2

Order given by: Children (or informant)

How Secured: Telephone

If Veteran, State War

Occupation: Housewife (Social Security Number)

Employer and Address

Date of Death: January 1, 1951 (Date) 8:30 P.M. (Hour)

Date of Birth: July 11, 1875

Age: 75 (Years) 5 (Months) 20 (Days)

Date of Funeral: Jan 4, 1951 (Date) 2 hurs (Day of Week) 2 P.M. (Hour)

Services at: Mission M. E. Methodist Church

Clergyman: Rev. Frank Angelander Kokomo, Ind. (Address)

Religion of the Deceased: Protestant

Birthplace: Indiana

Resided in the State: 75 (or U. S. or City or County) (Years) (Months)

Place of Death: McCray Hospital Rensselaer

Cause of Death: Carcinoma of Head of Pancreas

Contributory Causes:

Certifying Physician: Dr. J. R. Isaak (or Coroner)

His Address: Albion, Indiana

Name of Father: Mary Fry

His Birthplace: Va.

Maiden Name of Mother: Maria Krahmer

Her Birthplace: Ohio

Motor Ship } Remains to

Size of Casket: 6/6 Copperton metal (State Color and Number)

Manufactured by: M. E. Young Co.

Cemetery Crematory } Oak Park

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket		637 00
Burial Vault or Box (State Kind)		75 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.... line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	712 00
Less	$	19 11
Balance	$	692 89

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" Pd in full	$	$
	" "	$	$		" 1/9/51	$	$
	" "	$	$		" FHM	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

RECORD OF FUNERAL

Total No. 43 Yearly No. 2 Date of Entry January 17 1951

Name of Deceased Andrew Milnar (What Race)

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Lagonier R. R. ☑ Husband ☐ Wife ☐ Widow } German

or ..... of } Age of Husband or Wife (if living) 74 Years

Charge to A. M. Milnar

Address Kendallville Ind

Order given by A. M. Milnar (or informant)

How Secured Telephone

If Veteran, State War

Occupation Farmer

Employer and Address (Social Security Number)

Date of Death Jan. 16, 1951 (Date) 2:30 AM (Hour)

Date of Birth Aug. 15, 1875

Age 75 (Years) 5 (Months) 1 (Days)

Date of Funeral 1-18-51 (Date) Thurs. (Day of Week) 2 P.M. (Hour)

Services at A. H. Moore Funeral Home

Clergyman Rev. K. E. Maynard (Address)

Religion of the Deceased Protestant

Birthplace Austria

Resided in the State 16 (or U. S. or City or County) (Years) (Months)

Place of Death Benton Twp. Elkhart Co.

Cause of Death Pernicious Anaemia

Contributory Causes

Certifying Physician Dr. J. R. Schutt (or Coroner)

His Address Lagonier, Ind.

Name of Father Unknown

His Birthplace

Maiden Name of Mother Unknown

Her Birthplace "

Motor Ship } Remains to

Size of Casket 6/6 22 Rose Cedar Stanley (State Color and Number)

Manufactured by M. L. Lemmon Co.

Cemetery Crematory } Sparta

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket		390 00
Burial Vault or Box		75 00
Embalming Body (State Kind)		
Barber, $ ... Hair Dressing, $ (Name of Embalmer)		
Dressing Body, $ ... Underwear, $		
Suit or Dress ... Jacket (State Kind and Color)		2 00
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from ... Home		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot:		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		5 00
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
... line Death Notices in ... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	471 00
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		Paid in full	$	$ 471 00
	" "	$	$		"	$	$
	" "	$	$		Feb. 1-51	$	$
	" "	$	$		"	$	$
	" "	$	$		" B. M.	$	$
	" "	$	$		"	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

44

RECORD OF FUNERAL

Total No. 44 Yearly No. 3 Date of Entry January 27 1951

Name of Deceased Anna Eliza Russell White

☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence: Wolf Lake, Indiana ☐Husband ☐Wife ☑Widow } Gresham Sheldon Russell

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Orville Russell

Address: Wolf Lake, Ind.

Order given by: Orville Russell (or informant)

How Secured: Signature

If Veteran, State War

Occupation: Housewife

(Social Security Number)

Employer and Address

Date of Death: January 26, 1951 (Date) 4:00 PM (Hour)

Date of Birth: June 14, 1858

Age: 92 (Years) 7 (Months) 12 (Days)

Date of Funeral: 1-28-51 (Date) Sunday (Day of Week) 2 P.M. (Hour)

Services at: T. H. Moore Funeral Home

Clergyman: Rev. William Depp (Address)

Religion of the Deceased: Protestant

Birthplace: Ohio

Resided in the State: 65 (or U.S. or City or County) (Years) (Months)

Place of Death: Griffin Nursing Home

Cause of Death: arteriosclerotic Heart Disease

Contributory Causes: Auricular Fibrillations

Certifying Physician: Dr. W. F. Harlan (or Coroner)

His Address: Tipton, Indiana

Name of Father: Hiram Peterson

His Birthplace: Unknown

Maiden Name of Mother: Mercy Reed

Her Birthplace: Unknown

Motor Ship } Remains to

Size of Casket: 6/6 - 23 Copper Tone (State Color and Number)

Manufactured by: D. E. Burney Co.

Cemetery Crematory } Sparta

Diagram of Lot or Vault

Lot No. 415

Grave No. 3

Section No. 4

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket		595 00
Burial Vault or Box (State Kind)		75 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from: Nursing Home		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.		
Pall Bearer Service, $ .... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ .... Palms, $ .... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		15 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ .... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.... line Death Notices in 2 Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	
Less	$	685 00
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment 2/5/51	$ 100 00	$ 585 00
	" "	$	$		" " 4/19/51	$ 150 00	$ 435 00
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

SPARTA CHRISTIAN CHURCH CEMETERY, KIMMELL, INDIANA -- GRAVE OPENING REQUEST

Date Feb. 14 19 51

The undersigned hereby requests and authorizes the SPARTA CHRISTIAN CHURCH CEMETERY in accordance with and subject to its rules and regulations, to inter the remains of Milo P. Purple.

in Burial Space No 2 (Lot 2) Lot 496 Section 5, Recorded in the name of Silas Purple

Vault Size

Grave opening to be ready by 12:00 ~~A.M.~~ / P. M. Date February 15 19 51

and certifies and represents that he or she has the right to make such authorization, and agrees to hold the SPARTA CHRISTIAN CHURCH CEMETERY harmless from any liability on account of said authorization and interment.

The undersigned further agrees to pay the Cemetery the sum of $15.00 for grave opening

L. H. Moore

(Signatures of relatives or legal representatives). (Address and relationship to deceased or authority to sign).

Funeral Director L. H. Moore Cromwell, Ind. Number

SPARTA CHRISTIAN CHURCH CEMETERY, KIMMELL, INDIANA -- GRAVE OPENING REQUEST

Date June 27 1957

The undersigned hereby requests and authorizes the SPARTA CHRISTIAN CHURCH CEMETERY in accordance with and subject to its rules and regulations, to inter the remains of [illegible] E. Russell

in Burial Space Cedar Grove Lot 115 Section 4, Recorded in the name of C. E. Russell

Vault Size 2 Russell Lowell

Grave opening to be ready by 1:00 A.M. / P. M. Date Sunday June 28, 1957

and certifies and represents that he or she has the right to make such authorization, and agrees to hold the SPARTA CHRISTIAN CHURCH CEMETERY harmless from any liability on account of said authorization and interment.

The undersigned further agrees to pay the Cemetery the sum of $ 15.00 for grave opening

[illegible] Russell Funeral Director

(Signatures of relatives or legal representatives). (Address and relationship to deceased or authority to sign).

Funeral Director Russell Funeral Home, Kimmell, Ind. Number

RECORD OF FUNERAL

Total No. 45 Yearly No. 4 Date of Entry February 14 1951

Name of Deceased Milo B. Pepple (What Race) White

☐ Married ☐ Single ☑ Widowed ☐ Divorced

Residence: Cromwell, Ind. ☐Husband ☐Wife ☑Widow } of

Charge to: Mrs. Pearl Mueller

Address: Cromwell, Indiana

Order given by: Mrs. Pearl Mueller (or informant)

How Secured: Signature

If Veteran, State War

Occupation: Painter (Social Security Number) none

Employer and Address

Date of Death: Feb. 12, 1951 (Date) 10:00 PM (Hour)

Date of Birth: August 20, 1863

Age: 87 (Years) 5 (Months) 22 (Days)

Date of Funeral: 2/15/51 (Date) Thursday (Day of Week) 2 P.M. (Hour)

Services at: L. H. Moore Funeral Home

Clergyman: Rev. K. E. Maynard (Address)

Religion of the Deceased: Protestant

Birthplace: Albion, Indiana

Resided in the State: 87 (or U. S. or City or County) (Years) (Months)

Place of Death: Robert Long Hospital

Cause of Death: Cancer of Prostate

Contributory Causes: Old Age

Certifying Physician

His Address: Indianapolis, Ind. (or Coroner)

Name of Father: John Pepple

His Birthplace: Unknown

Maiden Name of Mother: Unknown

Her Birthplace: Unknown

Motor Ship } Remains to

Size of Casket: 6/3 Grey octagon (State Color and Number)

Manufactured by: M. E. Lanning

Cemetery Crematory } Sparta

Diagram of Lot or Vault

Lot No. 696

Grave No. 1

Section No. 5

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket		343 00
Burial Vault or Box		75 00
Embalming Body (State Kind)		
Barber, $ (Name of Embalmer) Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress		
Slippers, $ (State Kind and Color) Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from Indianapolis		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, $ Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot:		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		15 00
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ Singers, $ Organist, $		
Railroad or Motor } Tickets, $ Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
line Death Notices in 1 Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	433 00
Less	$	
Balance	$	

Entered into Ledger, page or below.

Date		Amount Paid		Balance	
2/14	51	To Above Balance	$200 00	$233 00	
		By Payment	$233 00	$	
		" "	$	$	
		" "	$	$	
		" "	$	$	
		" "	$	$	
		" "	$	$	
		" "	$	$	

Paid in full

Date		Amount Paid		Balance	
		To Balance Forward		$	
		By Payment	$	$	
		" "	$	$	
		" "	$	$	
		" "	$	$	
		" "	$	$	
		" "	$	$	

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

Compiled by F. J. FEINEMAN. St. Louis, Mo.

46

RECORD OF FUNERAL

Total No. 46 Yearly No. 5 Date of Entry Feb. 28 1951.

Name of Deceased Grover M. Galloway W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Cromwell R. R. ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Estate

Address:

Order given by Floyd Galloway (or informant)

How Secured: Phone

If Veteran, State War

Occupation Retired Farmer (Social Security Number)

Employer and Address

Date of Death Feb. 23 1951 (Date) (Hour)

Date of Birth December 18, 1866

Age 84 (Years) 2 (Months) 5 (Days)

Date of Funeral ~~Feb~~ March 2/51 - Friday 2 P.M. (Date) (Day of Week) (Hour)

Services at: Moore Funeral Home

Clergyman: Rev. Jerry Phipps Orma, Ind. (Address)

Religion of the Deceased Protestant

Birthplace Near Cromwell, Indiana

Resided in the State 84 2 (or U. S. or City or County) (Years) (Months)

Place of Death Ft. Meade, Fla.

Cause of Death: Heart ailment

Contributory Causes

Certifying Physician Unknown (or Coroner)

His Address:

Name of Father Anderson Galloway

His Birthplace unknown

Maiden Name of Mother Hassell

Her Birthplace: unknown

Motor / Ship } Remains to

Size of Casket Bronze color (State Color and Number)

Manufactured by: unknown

Cemetery / Crematory } Sparta

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) $		
Casket		
Burial Vault or Box (State Kind)	75	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from: Lagonier		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot:		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	15	00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges	1	38
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service	90	00
....line Death Notices in ..... Papers 2 (Names of Newspapers)		
Sales Tax		
Total Footing of Bill $	184	38
Less $		
Balance $		

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	paid in full	By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

15.00

Kimmell, Ind., Mar. 2 1951

No 1329

SPARTA CHRISTIAN CHURCH CEMETERY

Received of L. H. Moore Funeral Home

Fifteen and no/100 DOLLARS

for Grave opening on Lot #105 and for Gross Galloway

Dale Gossett Sec'y.

SPARTA CHRISTIAN CHURCH CEMETERY, KIMMELL, INDIANA -- GRAVE OPENING REQUEST

Date Feb. 27 1951

The undersigned hereby requests and authorizes the SPARTA CHRISTIAN CHURCH CEMETERY in accordance with and subject to its rules and regulations, to inter the remains of Gross Galloway.

in Burial Space Three (3) Lot 105 Section 1, Recorded in the name of Gross Galloway.

Vault Size Cromwell Vault

Grave opening to be ready by 11:00 A.M. / P. M. Date Friday Mar. 2, 1951

and certifies and represents that he or she has the right to make such authorization, and agrees to hold the SPARTA CHRISTIAN CHURCH CEMETERY harmless from any liability on account of said authorization and interment.

The undersigned further agrees to pay the Cemetery the sum of $15.00 for grave opening

Paid 3-2-1951

Dale Gossett

L. H. Moore — Cromwell Funeral Director

(Signatures of relatives or legal representatives). (Address and relationship to deceased or authority to sign).

Funeral Director L. H. Moore Cromwell, Ind. Number

$15.00

Kimmell, Ind., April 27 1951

No 1335

SPARTA CHRISTIAN CHURCH CEMETERY

Received of Lloyd H. Moore

Fifteen No/100 DOLLARS

for Grave Opening for Sarah E. Williams

Daly Gossett Sec'y.

By Elmida.

SPARTA CHRISTIAN CHURCH CEMETERY, KIMMELL, INDIANA -- GRAVE OPENING REQUEST

Date April 26 1951

The undersigned hereby requests and authorizes the SPARTA CHRISTIAN CHURCH CEMETERY in accordance with and subject to its rules and regulations, to inter the remains of Sarah Williams

in Burial Space Three (3) Lot 245 Section 3, Recorded in the name of Henry Sparrow

Vault Size Cromwell Vault -

Grave opening to be ready by 1:00 ~~A. M.~~ / P. M. Date Friday, April 27 1951

and certifies and represents that he or she has the right to make such authorization, and agrees to hold the SPARTA CHRISTIAN CHURCH CEMETERY harmless from any liability on account of said authorization and interment.

The undersigned further agrees to pay the Cemetery the sum of $ 15.00 for grave opening

Lloyd H. Moore — Cromwell, Funeral Director

(Signatures of relatives or legal representatives). (Address and relationship to deceased or authority to sign).

Funeral Director Moore Funeral Home, Cromwell Number

RECORD OF FUNERAL

Total No. 47 Yearly No. 6 Date of Entry April 27 19 51

Name of Deceased Sarah E. Williams White

☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence: Tygonier, Ind. ☐ Husband ☑ Wife ☐ Widow } Elmer Williams

Charge to: Rodney Williams + Elmer Schlabaugh or ..... of } Age of Husband or Wife (if living) ..... Years

Address .....

Order given by Elmer Schlabaugh (or informant)

How Secured: .....

If Veteran, State War .....

Occupation ..... (Social Security Number)

Employer and Address .....

Date of Death April 25, 1951 (Date) 1:15 PM (Hour)

Date of Birth January 30, 1859

Age 92 (Years) (Months) (Days)

Date of Funeral 4/27/51 (Date) Friday (Day of Week) 2 P.M. (Hour)

Services at C. A. Moon Funeral Home

Clergyman: Rev. K. E. Maynard (Address)

Religion of the Deceased Protestant

Birthplace Indiana

Resided in the State 92 (or U. S. or City or County) (Years) (Months)

Place of Death Johnston Nursing Home

Cause of Death: Myocardial Failure

Contributory Causes: Arteriosclerosis

Certifying Physician Dr. D. F. Stultz (or Coroner)

His Address: Tygonier, Ind.

Name of Father Henry Schlabaugh

His Birthplace Penna.

Maiden Name of Mother Mary Strieder

Her Birthplace Penna.

Motor Ship } Remains to .....

Size of Casket 6/3 22" Octagon (State Color and Number)

Manufactured by: M. C. Swaney

Cemetery Crematory } Sparta

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	
Casket		347 00
Burial Vault or Box (State Kind)		75 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		8 00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from Tygonier		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot:		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		150
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		5 00
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....		
3 line Death Notices in 3 Papers		
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	446 00
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	April 28/51	By Payment E. Sch.	$200 00	$246 00
	" "	$	$		" "	$	$
	" "	$	$	Paid in full	" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

RECORD OF FUNERAL

Total No. 148 Yearly No. 7 Date of Entry May 2 1951

Name of Deceased Josiah (Ike) Klingaman (What Race) White

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: Lake Wawasee ☐ Husband ☐ Wife ☐ Widow of Lovina Klingaman Age of Husband or Wife (if living) 80 Years

Charge to: Same

Address

Order given by Wife Klingaman (or informant)

How Secured: Telephone call

If Veteran, State War

Occupation Auctioneer (Social Security Number)

Employer and Address

Date of Death April 30, 1951 (Date) 12:30 P (Hour)

Date of Birth April 20, 1860

Age 90 (Years) 0 (Months) 10 (Days)

Date of Funeral 5/3/51 (Date) Thursday (Day of Week) 1:30 P.M. (Hour)

Services at C. W. Moore Funeral Home

Clergyman: Rev. K. E. Maynard Cromwell (Address)

Religion of the Deceased Protestant

Birthplace Ohio

Resided in the State 70 (or U. S. or City or County) (Years) (Months)

Place of Death Lake Wawasee

Cause of Death:

Contributory Causes

Certifying Physician Dr. (or Coroner)

His Address: North Webster, Ind.

Name of Father William Klingaman

His Birthplace Ohio

Maiden Name of Mother Unknown

Her Birthplace "

Motor Ship } Remains to

Size of Casket 6/6 22 Rose Cedar Latham (State Color and Number)

Manufactured by: M. E. Gray Co.

Cemetery Crematory } Mc Clintic

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket		493 00
Burial Vault or Box (State Kind)		75 00
Embalming Body (Name of Embalmer)	✓	
Barber, $ ✓ Hair Dressing, $		
Dressing Body, $ ✓ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ ✓ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ ✓ Gloves, $		
Funeral Car, $ ✓ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from Home		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit ✓ (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $ ✓		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ Singers, $ Organist, $		
Railroad or Motor } Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
line Death Notices in 3 Papers ✓		
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	568 00
Less	$	
Balance	$	

Entered into Ledger, page or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness

Address

RECORD OF FUNERAL

Total No. 49 Yearly No. 8 Date of Entry August 26 1951

Name of Deceased Floyd Merle Galloway White (What Race)

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: R.R. Cromwell ☑ Husband ☐ Wife ☐ Widow } Mae Galloway
or ..... of } Age of Husband or Wife (if living) ..... years

Charge to: Mrs. Mae Galloway

Address: Kimmell, Ind. R.R.

Order given by: Mrs. Mae Galloway (or informant)

How Secured:

If Veteran, State War:

Occupation: Farmer (Social Security Number)

Employer and Address:

Date of Death: July 26, 1951 (Date) 2:30 P.M. (Hour)

Date of Birth: April 14, 1891

Age: 60 (Years) 3 (Months) 12 (Days)

Date of Funeral: 7/29/51 (Date) Sunday (Day of Week) 2:00 P.M. (Hour)

Services at: Broadway Christian Church

Clergyman: Rev. Jerry Phipps (Address)

Religion of the Deceased: ~~Protestant~~

Birthplace: Indiana

Resided in the State: 60 (or U. S. or City or County) (Years) (Months)

Place of Death: At Home

Cause of Death: Fractured Cervical Vertebrae

Contributory Causes: Crushed Chest

Certifying Physician: Dr. J. B. Seibert coroner (or Coroner)

His Address: Kendallville, Ind.

Name of Father: Groan Galloway

His Birthplace: Ind.

Maiden Name of Mother: Angeline St. Count

Her Birthplace: Ind.

Motor / Ship } Remains to:

Size of Casket: 6/6 23" Grey ½ couch stel (State Color and Number)

Manufactured by: Kammann Casket Co.

Cemetery / Crematory } Sparta

Diagram of Lot or Vault

Lot No. 219

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket		637 00
Burial Vault or ~~Box~~		75 00
Embalming Body ✓ (State Kind)		
(Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from:		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....		
....line Death Notices in ..... Papers		
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	712 00
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$	Pd in full	" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

50

RECORD OF FUNERAL

Total No. 50 Yearly No. 9 Date of Entry July 31 1951

Name of Deceased Carl Norman Bowling (What Race) white

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence Cromwell, Indiana ☐Husband ☐Wife ☐Widow } Mr + Mrs Baxter Bowling

Charge to: Baxter Bowling or a.m. of } Age of Husband or Wife (if living) ..... Years

Address Cromwell, Indiana

Order given by Louise Bowling (or informant)

How Secured:

If Veteran, State War

Occupation Farmer (Social Security Number)

Employer and Address

Date of Death July 30, 1951 (Date) 7:00 AM (Hour)

Date of Birth July 27, 1929

Age 22 (Years) (Months) (Days)

Date of Funeral August 1, 1951 2 P.M. (Day) (Day of Week) (Hour)

Services at L. N. Moore Funeral Home

Clergyman Rev. Harry Myers Cromwell, Ind (Address)

Religion of the Deceased Lutheran

Birthplace Cromwell, Ind

Resided in the State 22 (or U. S. or City or County) (Years) (Months)

Place of Death Cromwell, Ind

Cause of Death Pulmonary T.B.

Contributory Causes

Certifying Physician Dr. W. L. Harlan (or Coroner)

His Address Syracuse, Ind

Name of Father Baxter Bowling

His Birthplace

Maiden Name of Mother Louise Leamon

Her Birthplace

Motor Ship } Remains to

Size of Casket 6/6 24 Monoseal (State Color and Number)

Manufactured by: Batesville Casket Co.

Cemetery ~~Crematory~~ } Sparta

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket		679 00
Burial Vault or Box (State Kind)		75 00
Embalming Body (Name of Embalmer)		
Barber, $ ✓ Hair Dressing, $		
Dressing Body, $ ✓ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ ✓ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ ✓ Ambulance, $		
Limousines to Cemetery ✓ @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from Home		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit ✓ (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $ ✓		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ Singers, $ Organist, $		
Railroad or Motor } Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
line Death Notices in Papers		
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	754 00
Less	$	20 37
Balance	$	733 63

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$	P.D. in full	" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

RECORD OF FUNERAL

Total No. 51 Yearly No. 10 Date of Entry Aug. 13 1951

Name of Deceased Arthur Eden white

☑ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Cromwell, Ind. R.R. ☑ Husband ☐ Wife ☐ Widow } Ada Eden

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Estate

Address .....

Order given by Ada Eden (or informant)

How Secured .....

If Veteran, State War .....

Occupation Farmer (Social Security Number)

Employer and Address .....

Date of Death August 12, 1951 (Date) 2:00 P.M. (Hour)

Date of Birth January 24, 1883

Age 68 (Years) (Months) (Days)

Date of Funeral Aug. 15, 1951 (Date) 2 P.M. (Day of Week) (Hour)

Services at Indian Village Church

Clergyman Rev. Robert Hooker Grabill, Ind. (Address)

Religion of the Deceased Protestant

Birthplace Indiana

Resided in the State 68 (or U.S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Metastatic Carcinomas, Brain

Contributory Causes .....

.....

Certifying Physician Dr. J. B. Schutt (or Coroner)

His Address Fairmount, Ind.

Name of Father Wesley Eden

His Birthplace Ohio

Maiden Name of Mother Rose Stocker

Her Birthplace .....

Motor Ship } Remains to .....

Size of Casket 6/6 - 23 Wild Cherry (State Color and Number)

Manufactured by Hoosier Casket Co.

Cemetery Crematory } Indian Village

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	
Casket		595 00
Burial Vault or Box (State Kind)		75 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		15 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....		
.... line Death Notices in ..... Papers		
(Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	685 00
Less	$	17 85
Balance	$	667 15

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		"Pd in full	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

52

RECORD OF FUNERAL

Total No. 52 Yearly No. 11 Date of Entry August 17, 1951.

Name of Deceased George Franklin Leamon (☑ Married ☐ Single ☐ Widowed ☐ Divorced) (What Race) white

Residence Cromwell, Ind. (☑ Husband ☐ Wife ☐ Widow) or ..... of Nora Leamon. Age of Husband or Wife (if living) ..... Years

Charge to: Nora Leamon

Address Cromwell, Ind.

Order given by same (or informant)

How Secured:

If Veteran, State War

Occupation Laborer 311-24-6863 (Social Security Number)

Employer and Address

Date of Death Aug. 16, 1951 (Date) 10:15 AM. (Hour)

Date of Birth Dec. 27

Age 76 (Years) (Months) (Days)

Date of Funeral Aug. 18, 1951 (Date) Sat. (Day of Week) 2:30 P.M. (Hour)

Services at L. H. Moore Funeral Home

Clergyman: Rev. E. K. Maynard, Cromwell (Address)

Religion of the Deceased Protestant

Birthplace Indiana

Resided in the State 76 (or U. S. or City or County) (Years) (Months)

Place of Death McCray Memorial Hospital

Cause of Death Pulmonary Oedema

Contributory Causes

Certifying Physician Franklin Mears M.D. (or Coroner)

His Address Kendallville, Ind.

Name of Father John Leamon

His Birthplace

Maiden Name of Mother Mary Jane Galloway

Her Birthplace

Motor / Ship } Remains to

Size of Casket 6/6 x 22 Cloth Slab (State Color and Number)

Manufactured by: M. E. Burns Co.

Cemetery / ~~Crematory~~ } Sparta

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 445	00
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.... line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$ 445	00
Less	$ 14	00
Balance	$ 431	00

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$	P.D. in full	" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

RECORD OF FUNERAL

Total No. 53 Yearly No. 12 Date of Entry Aug. 26 1951

Name of Deceased Harvey B. Priest (What Race) white

☐ Married ☐ Single ☑ Widowed ☐ Divorced

Residence: Cromwell, Ind. ☐Husband ☐Wife ☑Widow or ..... of Lona Priest

Age of Husband or Wife (if living) ..... Years

Charge to: Mrs. Freeman Buck

Address: Syracuse, Ind. R. R.

Order given by: (or informant)

How Secured:

If Veteran, State War:

Occupation: Laborer (Social Security Number)

Employer and Address:

Date of Death: Aug. 25, 1951 (Date) 6:30 P.M. (Hour)

Date of Birth: March 26, 1867

Age: 84 (Years) (Months) (Days)

Date of Funeral: Aug 28, 1951 (Date) 2 P.M. (Day of Week) (Hour)

Services at: L. H. Moore Funeral Home

Clergyman: Rev. W. C. Lumdale (Address)

Religion of the Deceased: Protestant

Birthplace: Ohio

Resided in the State: (or U. S. or City or County) (Years) (Months)

Place of Death: Lucky Hospital

Cause of Death: Congestive Heart Failure

Contributory Causes:

Certifying Physician: Dr. Harold Lucky (or Coroner)

His Address: W. of Lake, Ind.

Name of Father: Silas Priest

His Birthplace:

Maiden Name of Mother: Alvira Williams

Her Birthplace:

Motor / Ship Remains to:

Size of Casket: 6/6 x 2 3 Oak (State Color and Number)

Manufactured by: M. L. Haney Co.

Cemetery / ~~Crematory~~: Lyparto

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket		530 00
Burial Vault or Box (State Kind)		25 00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		15 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....		
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	620 00
Less	$	15 90
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

54

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry.....19....

Name of Deceased.....

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence..... ☐Husband ☐Wife ☐Widow or.....of } .....

Age of Husband or Wife (if living).....Years

Charge to.....

Address.....

Order given by..... (or Informant)

How Secured.....

If Veteran, State War.....

Occupation..... (Social Security Number)

Employer and Address.....

Date of Death..... (Date) (Hour)

Date of Birth.....

Age..... (Years) (Months) (Days)

Date of Funeral..... (Date) (Day of Week) (Hour) M.

Services at.....

Clergyman..... (Address)

Religion of the Deceased.....

Birthplace.....

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death.....

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician..... (or Coroner)

His Address.....

Name of Father.....

His Birthplace.....

Maiden Name of Mother.....

Her Birthplace.....

Motor Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery Crematory } .....

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $.....		
Dressing Body, $..... Underwear, $.....		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $.....		
Folding Chairs, $..... Tarpaulin, $.....		
Candelabrum, $..... Candles, $.....		
Door Spray, $..... Gloves, $.....		
Funeral Car, $..... Ambulance, $.....		
Limousines to Cemetery .....@ $.....		
Extra Limousines .....@ $.....		
Autos to R. R. Station .....@ $.....		
Getting Remains from.....		
Taking Remains to.....		
Trip to Coroner's Inquest.....		
Delivering Box to.....		
Deliver Flowers to.....		
Removal Charges.....		
Procuring Burial Permit (State Number and District).....		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $.....		
Gross Total for Sales Tax.....	$	
Outlay for Lot.....		
Cremation.....		
Flowers, $..... Palms, $..... Matting, $.....		
Rental of Tent, $.... of Temporary Vault, $.....		
Opening of Grave or Tomb.....		
Lining Grave, $..... Lowering Device, $.....		
Outlay for Shipping Charges.....		
Clergyman, $..... Singers, $.... Organist, $.....		
Railroad or Motor } Tickets, $..... Aeroplane Service, $.....		
Telegr., Phone, Cable or Radio Charges.....		
Cash Advanced.....		
Out of town Undertaker's Charges.....		
Personal Service.....		
.....		
....line Death Notices in..... Papers.....		
..... (Names of Newspapers)		
.....		
.....		
Sales Tax.....		
Total Footing of Bill.....	$	
Less.....	$	
Balance.....	$	
Entered into Ledger, page.....or below.		

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
	To Above Balance			$			To Balance Forward			$	
	By Payment	$		$			By Payment	$		$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

9/3/2010
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